e. IS RESIDENCE ON A FARM?

Year

19 67

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTDPSY

PERFORMED? YES I

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(State)

(State)

Day

NO TE

VR A15 (4) 20M 1/65

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the functal director, page 3 should be detached for use as the burial-transit permit. Then please Lemove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat Page 4 may be retained by the hospital or attending physician. 3 VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	03571	•		CERTIF	ICATE	OF DEATH			Ui	1000	
1.	PLACE OF DEAT	Н				2. USUAL RESIDEN	CE (Where dec			nce before a	dmission)
	a. COUNTY	Freder	olc	MAD	YLAND	a. STATE	bas Fr	b. COUN	Tre	derid	ek
	b. CITY OR TOW	'N (if outside corpor and give nearest to		c. LENGTH OF STA		c. CITY OR TOWN (If	outside corp	orate limits, wr			
	write RURAL	and give nearest to rederick	wn)	7 mon	ths		ersvil			10-1	
	and the second second second second second		ION (if not in t	nospital, give street		d. STREET ADDRESS	TOATT	16		e. IS RES	SIDENCE
		tevue Cor								(FARM?
_					1		LA DATE	1441		YES	NO V
3.	NAME OF DECEASED		First	Middle	TOTE	Last	4. DATE OF	Monti	-	ay Ye	/
e	(Type or print)		ELLA	MAY		TTLE	DEATH		12,	19	67
	SEX	6. COLOR OR RACE	/ . INSKILLED		ED	. DATE OF BIRTH	9.	AGE (In years last birthday)	Months Day		
	Female		WIOOWEO	La Chi			388	78 yrs.			
10: dui	a. USUAL OCCUPAT ring most of work	ION (Give kind of wor ing life, even if reti	kdone 10b. i	KIND OF BUSINESS OF THE STREET	R	11. BIRTHPLACE (C) 12. CITIZ	N OF WHA RY?	T
	Hous	e wife		Own Home		Frederic		Md.	U	.S.A	•
13	. FATHER'S NAM	IE				14. MOTHER'S MAIL		-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
	Levi	Branden	burg			Louise (Grossi	nickle			
		EVER IN U.S. ARMEO		. SOCIAL SECURITY N		INFORMANT		Addres		eric	
(No	****		15-26-81	WRa.	lph E. Bit	ttle,	Route :	#4 Mar	yland	d.
=	18. CAUSE OF	DEATH [Enter only o	ne cause per	line for (a), (b), and	(c).]		A		- 10	TERVAL BE	TWEEN
	PART I. DE	EATH WAS CAUSED E	Y: The	en langt	toon	- hushun	n-It	spathe	. 8	NSET AND	WATH WAT
	191x	IMMEDIATE CAUS		THE CHAIN	Tecon	- programme	J. A. J. Land	1-00			The same
	Conditions, If		E TO	V V							/
	gave rise to	Immediate ((b)								
	cause (a), si underlying caus	tating the	E TO								
NO			(c)	UTING TO OEATH BUT	NOTRELA	TEO TO THE TERMINAL	DISEASE CON	DITION GIVEN IN	PART 1(a) 1		UTOPSY
ATI										PERFOI	RMEO?
IFIG	20a ACCIOENT	WAS UNDERLYING	7 20b.	DESCRIBE HOW IN	IRY OCCII	RRED. (Enter nature o	f Inlury In Pa	rt 1 or Part II o	of Item 18.)	11.3	110 []
CERTIFICATION	OR CONTRIBUTI	ING CAUSE OF OF	ATH	DESCRIBE HOW IND	OKT 0000	MACO. (CITCOL HALATO O	,,	in a contract of	7 110.11 20.7		
7 0		INJURY Month, Day		INJURY OCCURRED	120e DI M	CE OF INJURY (Home, fo	arm 20f	(City or town)	(County)		State)
MEDICAL	Hour a.r		While		factor	ry, street, office bldg., e	etc.)	(orty or torray	(Oounty)		01410)
ME	p.i	m. 1					1,	77.	125- 101		
			PT. d = 1/	ded the deceased		1	9 (corto_	march,	7	that (1) (
		ceased alive on_	March	12,1967,	and that	death occurred at	M, fro	om the causes	and on the o		d above.
	22a. SIGNATU	RE S	16	D		ATTENDING -	MED.	STAFF	220. UAIE	SIGHED	1
	22c. PHYS Te1	2-100 4	IM	AVCX)	M.D	. PHYS. Land PHYS. ADDRESS	OIRECTOR L	PHYS.	13/13	16/	
	NAME (T	ype)	T T				n 1 = 1 =	Ma	//		
			4	avis	EMETERY	Freder		CATION (CIty, to	Own Or A01124	/0	tate)
23	a. BURIAL, CREM BUILAL	MATION, 23b. OATI	THEREOF	23c. NAME OF				ederick	-	_	-
		1 3.	/67	Grossni	CNTE			STRAR 25b. R			CIIC .
24	4. FUNERAL OIRI	77 0	mar 165		75-	AAA F			Contes	Leador	
	Gladhi	11 Compa	my, MI	ddletown	, ma	TATOTAL	TOK	101	7		

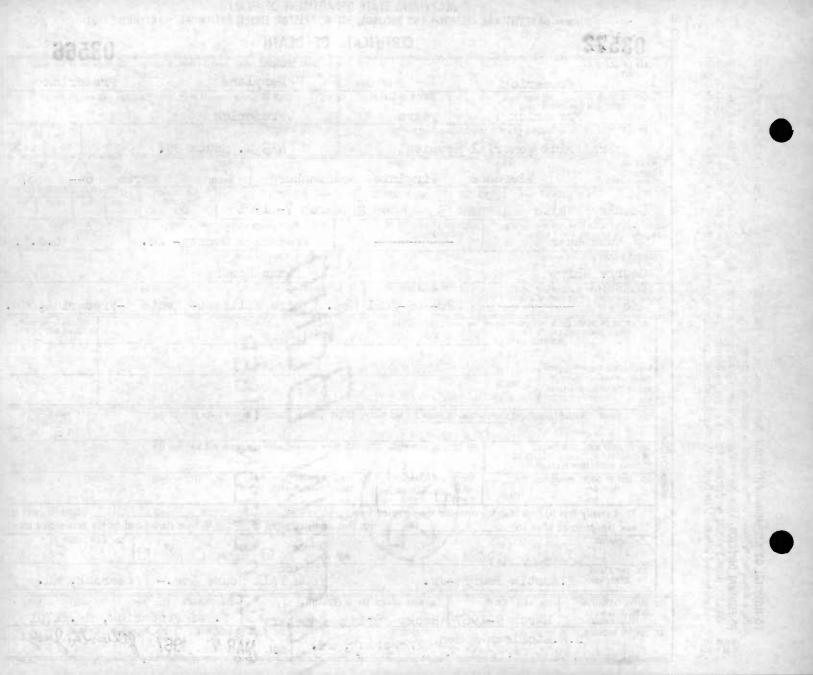
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please emove carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, cremation, ar remayar, and many event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

0357	Z		CERTI	FICAIL	OF DEATH			05	3566	140
1. PLACE OF DEATH					2. USUAL RESIDENCE (V				befare admiss	sian)
a. COUNTY	Frederick	2	MAI	RYLAND	o. STATE Mary	Land	b. COU	Fre	derick	
	(If autside carparate limit	s,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If au	tside carpar	ate limits, write RUI	RAL and give	nearest tawn)	
Write KUKAL dii	rederick		years		Frede	erick			10-1	
d. NAME OF HOSPI	TAL OR INSTITUTION (If n	at in haspital, g	ive street address)	100/2	d. STREET ADDRESS			VII	e. IS RES	FARM?
Fre	derick Memo	orial He	spital		415 V	W. Son	ith St.			NO X
3. NAME OF	F	irst	Middle		Last	4. DATE	Mant	h	Day Y	ear
(Type ar print)	Flor	rence	Virginia	a Br	andenburg	OF DEATH	Ma	rch	6 19	67
S. SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRI	ED 🔲	8. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1	YEAR IF UND	ER 24 HRS.
Female	White	WIDOWED	DIVORC	ED 🔀	March 7- 190	01	Yrs.	Mullilis	DOA2 LIGHTS	Will.
10a. USUAL OCCUPATIO	N (Give kind af wark dane life even if retired) maker	10b. KIN	ND OF BUSINESS OR		11. BIRTHPLACE (County	& State, ar fo	oreign country)		ZEN OF WHAT	
during most of working	maker	INL	DUSTRY	-	Frederic	ck Cou	unty- Md.		U.	S.A.
13. FATHER'S NAME	M. M				14. MOTHER'S MAIDEN N	NAME			986-57	
George	Whipp				Anna F	Howard	i		-0.55	
IS. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	of captice) 16. S	OCIAL SECURITY NO.		INFORMANT	8 6 5 6	Addre			1000
(Tes, no Working with)	(If yes give war ar dates	22	20- 09-20	21 Mr	s. Louise Wi	illian	ns- Route	5-Fre	derick	, Md.
	EATH (Enter only one co	use per line far	(a), (b), and (c).)		. 11		1 3		INTERVAL 81 ONSET AND	
PAKI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a) U	REMIA	Cu	ad Hypatic	ta	luri		ONSET AND	DEATH
5811		TO			614 1-			200		
Canditians, if any		(b) /+E	EPATOREN	AL.	SYNDROME					
	stating the underlying cause Dut 10									
last.	,	(-)								
PART II. OTHER S	IGNIFICANT CONDITIONS	1			THE TERMINAL DISEASE CON	NOITION GIV	EN IN PART 1(a)		19. WAS AU PERFOR	MEO?
E HYP	ottalemia		9 1 y como						YES 🔀	NO 🗌
OR CONTRIBUTING	AS UNDERLYING GCAUSE OF DEATH MEDICAL EXAMINER)	205. DES	SCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Part I ar Pa	rt II of item 18.)			
20c. TIME OF INJ	URY Manth, Day, Year		JURY OCCURRED		CE OF INJURY (Hame, farm		(City or town)	(Caur	nty)	(State)
Haur a.	m. m. 19	While at wark	Nat While) tac	tary, street, affice bldg., etc.)		,			
	ify that (1) (this ho	spital) attend	led the deceased	d fram_	3/1/67 ,1	19	ta 3/6/6), 19_	_ , that (I)	(we) las
	leceased alive an_	3/6/6]19,	and the	3// /67 , 1 at death accurred at	700A	M, fram causes	and an the	e date state	ed abave
22a. SIGNATURE	220. SIGNATURE ATTENOING MED. STAFF 22b. DATE SIGNED / 7						7			
22c. PHYSICIAN' NAME (Type					22d. ADORESS 804 Toll	House	e Ave F	rederi	ick, Md	•
23g. BURIAL, CREMATI	ON, 23b. DATE TH	IÉREOF	23c. NAME OF CEA	METERY OR	CREMATORY	23d. L	OCATION (City or To	wn) (Caunty)	(State)
REMOVAL (Specif	v)	9-1967	Rocky S	pring	s Cemetery	W.	of Frede	rick.	Md.217	01
24. FUNERAL DIRECT	ORM.R.Etchis	an l. C.	ADORESS		2Sa. REC'E	BY REGIST	RAR 2Sb. RE	GISTRATES SIC	GNAPURE (del
Etch	Monopolis	wood 7	Their	rick	Md. OATE	MAR 7	1967	fund	res gu	6



1 (M		3-17-67MARYLAND STATE I ISION OF VITAL RECORDS, 301 W. PR	DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE, MARYLAND 2120	01
FOR STATE	03573	MEDICAL EXAMINE	R'S CERTIFICATE OF DEATH	03567
HEALTH DEPT.	1. PLACE OF DEATH 0. COUNTY	Frederick MARYLAN	Maryland	DUNTY
2, and PM3. partme	b. CITY OR TOWN (If outside corpor write RURAL and give nearest to New Market d. NAME OF HOSPITAL OR INSTITUTI	ote limits, c. LENGTH OF STAY IN 11 Life ON (If not in hospitol, give street oddress)	New Market d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
form form	New Market	P.O. Md	New Market P.O.	ON A FARM? YES NO X
than 18. Give Pages Office along with for and 2 with the State r death.	3. NAME OF DECEASED (Type or print) Maz:		Brightful OF DEATH Mar	
Item 18. Give Pages 1, Office along with form I and 2 with the State De r death.	s. sex 6. color or Female Neg:	WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 70 yrs	Months Doys Hours Min.
# Y . E . E .	during most of working life, even if refire Canning Factor	ork done IUD. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
Examine 24 Examine 20 File age 10	13. FATHER'S NAME Frank Thomas		14. MOTHER'S MAIDEN NAME Mary Spriggs	
executed in ading" in Medical Expermit. Fix within 72	15. WÂS DECEASED EVER IN U.S. ARMED (Yes, no, or unknown) (If yes give wor	or dates of service)		ow Market, Md
per	PART I. DEATH WAS CAUSED	one couse per-lime for (o); (b), and (c).)	lary carcinoma of the lu	INTERVAL BETWEEN
ins certricate should be ecate, writing the word "per be farwarded to the Chief I be used as a burial-transit remaval, and in any event /	Conditions, if ony, which gove rise to immediate couse (o),	DUE TO (b)	The state of	
ing the	stating the underlying couse lost.	DUE TO (c)		
be farward be used cremand, c	PART II. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED) TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
rtificat ild be uuld be ar ren	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCUI	RRED. (Enter noture of injury in Port I or Port II of item 1B.)	
age 4 shauld yaur files. Page 3 shauld crematian, ar	20c. TIME OF INJURY Month, Doy Hour o.m.	7, Yeor 20d. INJURY OCCURRED 20 While Not While of work of work	e. PLACE OF INJURY (Home, form, foctory, streef, office bldg., etc.)	(County) (Stote)
Page 4 far yaur 9R: Page	21. I certify that I taok	charge of the remains described obov		nquiry, and in my apinia
lease execute directar. Page tained far yay DIRECTOR: Pag to burial, cren	death resulted fram:	Natural causes, Accident	CHIEF MEDICAL EXAMINER	manner 22. DATE SIGNED
d e l	SIGNATURE / COC.	I Chamas	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) F 1	2 5/-
necessary, the funeral may be puneral number be may be number be n	NAME (Type) Robert 230. BURIAL, CREMATION, 23b.	J. Phomas DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City or	Town) (County) (Stote)
AV	REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR	8-1967 Fairvie	2So. REC'D BY REGISTRAR 2Sb.	Frederick, Md
VR A 15ME (5)	C.E. Hicks, 111	Frederick, Md	DATE MAR 7' 1967	Icharles Judge

U.E. Misia, III. Erederlok, ad

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Malesberry handwand Jerret well Life to de la large de la larg New Market 2.0. Wa Strong Park trial the Manda - Strong 6:53 6881-35en Lowist stans A. S. II ... Dept. 170 at Conning Cantory y watering wery Springs second siner in on . To I would be a latinistic source of the control of the contr Noirebery / Prederion san Robert D. Whomes - Prudestek Frederick, Md Surial S-B-1-67 Calcul

03569 esterological and the stores of the stores The real of the bull have been a seed on the particle of the control of

PLACE OF DEATH

	MA	RYLANI	STATE	DEF	ARTM	NT	OF	HE/	ALTH	
IVISIO	ON OF	STATISTICA	L RESEARCH	AND	RECORDS	B	ALTIM	ORE	1, MARY	LAND

03574. Item #2b CERTIFICATE OF DEATH

03558

2 USUAL RESIDENCE (Where deceased lived. If institution-Residence before admission)

o. COUNTY		MARYLAND	a. STATE	b. COUNTY	Balto. /////			
Frederic	k	MARTLAND	Maryland		durama Frederick			
b. CITY OR TOWN (If RURAL ond give ned	autside carporate limits, write irest town)	c. LENGTH OF STAY IN 16		utside corporate limits, write RU	(RAL and give nearest town)			
Frederic	le	Since 8/25/	6 XXXXXXXXX	xxx Frederick/	Balto. 30.4			
d. NAME OF HOSPITA	L (If nat in haspital, give stree	et oddress)	d. STREET ADDRESS	3012 Christoph				
Maryland	Odd Fellows	Home	Nosth Map	6/4/4/4/4/4/	2121) YES NO			
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mont	h Day Year			
(Type or print)	Marv	Leona	Bromwell	OF DEATH	ch 94 1967			
5. SEX			B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.			
Female		WED DIVORCED		lost birthday)	Manths Days Haurs Min.			
	77777 0 0	<u> </u>	January 13	LOOL OO	12. CITIZEN OF WHAT COUNTRY?			
during mast af warki	ng life, even if retired)	b. KIND OF BUSINESS OR INDU	SIKT II. BIKIMPLACE (Side	ar rareign country)	12. CITIZEN OF WHAT COUNTRY?			
Seamstre	33	Own Home	Baltimo	re Md.	II.S.			
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME				
Robert R.	Simonds		Mary Sim	onde				
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. IN	NFORMANT	Addr	ess			
(Yes, no, or unknown) (III	yes, give war or dates of service)	216-32-7273D	Mammaland	3.3 TD. 3.3	27 20			
			Maryland Oc	dd Fellows H	ome N.Mkt.Stree			
	H [Enter only one cause per	line for (o), (b), and (c).	1	111	ONSET AND DEATH			
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ceretral vo	ascular a	coident	24 hours			
221 X	DUE TO	1 1 1	1.1.1-	/ 1				
Conditions, if on	w which \	a les insolond	in Holper Tim	uni Nisias 6	3 Mario			
	gove rise to immediate							
cause (a), stating th	ne under-		00					
lying couse last.) (c)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
3					YES NO P			
PART II. OTHI	UNDERLYING 206. DE	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Port II of item 1B.)				
(IF EITHER, NOTIFY	MEDICAL EXAMINER)							
T 20c. TIME OF INJURY	Month, Day, Year 20d.	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	, 20f. (City or town)	(County) (Stote)			
Hour a.m.	19 Whil	ie iddt willie	ctory, street, office bldg., etc.) [
₹ p. m.	iy at w	ork of work	1	I was to	11 10			
21. I certify that	(I) (this haspital) atter	nded the deceased fram.,	Jan 1, 19	66. to 14 mcs2	4, 1941, that (I) (we) lost			
saw the decease	ed alive on March	1967, and that	eoth occurred at	M, from the couses and	d on the date stated above.			
220. SIGNATURE	0				22b. DATE			
1 21	KNT L	- Mines	M.D. PHYS. DI	D. STAFF	3/25/16NED			
22c. PHYSICIAN'S			22d. ADDRESS	RECTOR L. TITUS. L.	- 1/2/6/			
NAME (Type)	OPENIT.	DOVIS	222N. M	2-Ko+ (++	C. edorin'T			
-	· C/Oy	DRYIDI	1000/11/1	01/11/1	16961619			
23a. BURIAL, CREMATION		23c. NAME OF CEMETERY C		23d. LOCATION (City, 16wn, o				
Burial (Specify)	3/28/67.	Parkwood Cem	etery	Baltimor	e, Md.			
24. FUNERAL DIRECTOR'S		ADDRESS	250. REC'		TRAR'S SIGNATURE			
Leonard J.	Ruck, Inc. Ba	lto. Md. 21214	DATEMA	K 2 8 1967 /	haves Judge			
			T. W. W.	11 20 1001				

VR A15 (4) 15M 9/59 Long the state of funeral er reath.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03576 CERTIFICATE OF DEATH

00010							VUL	790	
PLACE DF DEATH a. COUNTY			- 1	2. USUAL RESIDENCE	E (Where deceased			nce before adm	Ission
Frederick		MARYLAI	ND	a. STATE Nev	Jersey	b. COUNT	Pass	aic .	
b. CITY DR TDWN (if outside write RURAL and give nea	corporate limits,	c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (If	outside corporate	limits, write	e RURAL and	give nearest	town
Frederick	ileat towin	Since 4/6/5	59	Paters	son		107-3		
d. NAME OF HOSPITAL OR IN	STITUTION (if not in	hospital, give street addr	ress)	d. STREET ADDRESS				e. IS RESID	ENC
Frederick Memor		tal		108 Barci	Lay Stree	t		YES N	D X
3. NAME DF DECEASED	First	Middle	- 3	Last	4. DATE	Month		ay Year	
(Type or print)	AMELIA			BUCKLEY	DEATH	Mar	ch 9	, 19 6	7
Female 6. CDLOR D	7 . 10731313 E			DATE OF BIRTH 2 Oct 1886	9. AGE last 80	(In years III birthday) N	Onths Day	AR IF UNDER 2 8 Hours	MIn.
1Da. USUAL OCCUPATION (Give kind	of work done 10b.	KIND OF BUSINESS OR		11. BIRTHPLACE (Co	ounty & State, or for		12. CITIZI	EN OF WHAT	
during most of working life, even Wrapper	if retired) Der	INDUSTRY Stor	re	Philadelp	hia. Pa.		COUNT		
13. FATHER'S NAME			1	14. MOTHER'S MAID			U,	S.	
Thomas Potts				Isadora La					
15. WAS DECEASED EVER IN U.S. A	RMED FORCES? 16	. SOCIAL SECURITY NO. 1	17.	INFORMANT	the chocie	Address	Erado	ri ek	-
(Yes, no, or unkown) (If yes give war	ou dates of coming)	39 22 3924A		yland Odd I	ellows H		Frede:	and 217	01
18. CAUSE DF DEATH [Enter	only one cause per	line for (a), (b), and (c).]	1	1				TERVAL BETW	
PART I. DEATH WAS CAN	USED BY: CAUSE (a)	al minary	11	(delma			1	NSET AND DE	O
4221	DUE TO A	20.	1	150	(1)		-		
Conditions, If any, which	(h) A	500810 - X	016	SITIC (1/1)		1	1 Kal	3
gave rise to immediate cause (a), stating the	DUE TD		-					//	
underlying cause last.	(c)								
PART II. OTHER SIGNIFICANT		UTING TO DEATH BUT NOT	RELAT	ED TO THE TERMINAL D	ISEASE CONDITIO	N GIVEN IN PA		9. WAS AUTO PERFORM	ED?
On ACCIDENT WAS UNDERLY	WIND TO LOOK	DESCRIPE VOID IN THE						YES N	D X
PART II. OTHER SIGNIFICANT OF THE SIGNIFICANT OF TH	DF DEATH	DESCRIBE HOW INJURY	OCCUR	RED. (Enter nature of	Injury in Part I o	r Part II of	Item 18.)		
ZOC. TIME OF INJURY Month Hour a.m. p.m.	th, Day, Year 20d.	INJURY OCCURRED 2De	. PLAC	E OF INJURY (Home, fa	rm, 20f. (City o	or town)	(County)	(Sta	te)
Hour a.m.	While at wor	Mor willie	factor	y, street, office bldg., et	(c.)		607		
21. I certify that (I) (th				000 1	1. to 7/1/	2/10/6	. 19//	that (I) (we) lor
saw the deceased alive	W / / // dr v / // //	19/ and	that	death occurred at 2		o calicoe al			
22a. SIGNATURE	011	13(7, 3110	ща	death occurred at			22b. DATE		DOVE
15 Mulle	all Hu	mestr	⁴ M.D.	PHYS.		AFF HYS.		rch 196	7
22c. PHÝSICTAN'S NAME (Type) Beri	nard O. The	omas, Jr., M.	. D.	22d. ADDRESS 228 N. Ma	arket St.	Frede	erick,	Md. 21	70
23a. BURIAL, CREMATION, 23b.	DATE THEREOF	23c. NAME OF CEME	ETERY	OR CREMATORY	23d. LOCATIO	N (City, tow	n or county)	(Stat	e)
REMOVAL (Specify) Burial	/13/67	Laura Grov	ve (Cemetery	Totowa	Boroug	h, N.	J.	
24. FUNERAL DIRECTOR	wh Al	m //DORESS/		25a REC	D BY REGISTRAR	25b. REG	ISTRAR'S SI	CNATURE	
M. R. Etchison	& Son, Fr	ederick Md.	21	701 DATE	1 3 1961	fu	carles	Lugge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

VR A.15 (4) 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03577 CERTIFICATE OF DEATH death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY rederick o. STATE b. COUNTY Maryland Frederick papers. Pages 1 pin 72 hours after MARYLAND filled in by the pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Frederick c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) be executed within 24 hours Frederick Life d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Frederick Memorial Hospital □ NO 🛣 131 East Third Street Middle 4. DATE NAME OF event, with First Lost Doy Year remave carbon campletely DECEASED Carpenter Grover Nelson 19 67 March DEATH (Type or print) DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours White Male 8-3-1890 WIDOWED DIVORCED burial, crematian, or removal, and in any and 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? **INDUSTRY** attending physician permit. Then please requires that the death certificate Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hattie Hall Mr. Peter Carpenter 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 20 3804 219 Mrs. Katie Carpenter (Same as item #2 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for,(o), (b), and (c). signed by the burial-transit p CONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse has been far use as the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) State Dept. af Health NO FUNERAL DIRECTOR: After this certificate 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW JAJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (Stote) (City or town) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased from July directar, page 3 should should be filed with the March 25 19 67, and that death accurred at 1142M, from couses and on the date stated above saw the deceased alive an_ 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING M.D. PHYS 22d. ADDRESS 22c CPHYSICIAN'S NAME (Type) LeRoy T. Davis, M. D. 228 N. Market Street Frederick. 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Frederick, Maryland March29, 1967 Mount Olivet Cemetery Source M ADDRESS Falclery 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 M. R. Etchison & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		03578	CERTIFICAT	E OF DEATH		03572
	1.	PLACE OF DEATH a. COUNTY Frederick	MARYLAND	a. STATE	(Where deceased lived, If institution b. COUNTY	ution: Residence before admission) Frederick
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	0	outside corporate limits, write	RURAL and give nearest town)
	_	d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS	- MI. ALRO	9. IS RESIDENCE
		R. D. 4	, y	R.D	. 4	ON A FARM? YES NO
	3.	NAME OF FIRST DECEASED (Type or print) Mary	Middle Ellen	Last	4. DATE Month DF DEATH M2rch	0ay Year 9 1967
1	5.	SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	8. OATE OF BIRTH	9. AGE (In years IF	LINDER 1 YEAR RELINDER 24 HRS.
1		WIDOWE		May 13.188	80 yrs.	
	dur	Ing most of working life, even if retired) Ifousewife	KIND OF BUSINESS OR INDUSTRY	Carrolle		12. CITIZEN OF WHAT COUNTRY?
		Pavid W. Ma		14. MOTHER'S MAIDE Rache	1 Ruth Nu.	sbaum
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war or dates of service)		INFORMANT I, Theodore N	Address 12rtin - Union	wille, med.
	1	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY:		1: 0	, ,	INTERVAL BETWEEN ONSET AND DEATH
		H221 IMMEDIATE CAUSE (a)	rterio seleri	ofic Card	iouascular di	is. Several
		Conditions, If any, which (b)				7.00
		gave rise to Immediate cause (a), stating the underlying cause last.		SEE MA		
	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL OI	SEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
	IFICA	20a. ACCIDENT WAS UNDERLYING [] 20b.	OESCRIBE HOW INJURY OCCU	IDDEO (Enter nature of	Inlustry in Part I or Port II of it	YES NO NO
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	MEDICAL			CE OF INJURY (Home, far ry, street, office bldg., etc		(County) (State)
ì		21. I certify that (I) (this hospital) atten			64, to Mar.	, 1967, that (I) (we) last
		saw the deceased alive on Marc	<u>ch 6 19 6/</u> , and that	death occurred at		d on the date stated above.
		wis Cu	lucell M.D		EO. STAFF PHYS.	March 9, 1967
		22c. PHYSICIAN'S NAME (Type) WB. C	ulwell	22d. AOORESS 960 So.	Mainst -	Mt. Airy, Md.
	23a	REMOVAL (Specify)	23c. NAME OF CEMETERY		23d. LOCATION (City, town	
)	24.	Burial 13/11/1967	Mt. Olivet	Cemetery 25a. REC'	Frederick, O BY REGISTRAR 25b. REG	
	C	. M. Waltz Box 241 S	ykesville. Md	MAR	1 3 1967 Kelia	well Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely fifter in by the foneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY Frederick Maryland Frederick MARYLAND Department after death. funeral b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) may Frederick Frederick vears the d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3 to State hours Frederick Memorial Hospital 29 E. Third St. NOX X YES 3. NAME OF DATE Month Day Year Middle Last DECEASED 72 211-Jesse Thomas March 19 67 Creager (Type or print) DEATH 2 with e Pages 1, ith form F 6. COLOR OR RACE | 7. MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH NEVER MARRIED X April 8- 1888 Male WIDOWED [DIVORCED White eveir and 1Da. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT after d during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. _ Employee Brush Mfg.Co. Maryland any pages In any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Wesley Creager Mary A. Musser File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no. or unkown) (If yes give war or dates of service) permit. 21/1-10-1751 Roy C. Creager-723 Trail Ave .- Frederick, Md. No INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (e) 5 burial-transit cremation, **DUE TO** Conditions, if any, which (h) This certificate should be writing the word "pen rwarded to the Chief Med gave rise to immediate DUE TO (a), steting the 60 used as a to burial, underlying cause lest. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) CERTIFICATION RERFORMED? YES NO T 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. o pe DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert 11 of item 18.) should lent, pri 3 shoul agent, MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (Clty or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While CTOR: Page designated at work at work and in my ppinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry should files. DIRECTOR: Undetermined manner Natural causes IS Accident Suicide Homicide death resulted from CHIEF MEDICAL EXAMINER your 4 Page ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR for 0 DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** Robert J. Thomas director. retained Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Frederick, Md. 21 (Unature REGISTRAR) 25b, REGISTRAR'S SIGNATURE Jo Mt. Olivet Cemetery 0 Burial -27-1967 24. FUNERAL DIRECTOR Frederick, VR AISME (5) 1/65

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1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03574
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(IVI)	
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ritin ded ded prio	20a. EXTERNAL CAUSE WAS Use CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
EXAMINER: This certificate should be executed within 24 hours after death. If the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 4 should be forwarded to the Chief Medical Examiner's Office along with form ur files. ECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with designated agent, prior to burial, cremation, or removal, and in any event within	3 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State)
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EXAMINER the certificates should be should be in files. CTOR: Page designated a	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
cute the cage 4 should be recorded to some files. It is designed to the case of the case o	death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER
0 0 0 2 2	ACTUAL SIGNATURE ALLO LLE M.D. ASSISTANT MEDICAL EXAMINER () 22. DATE SIGNED
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O DEPUTY MED please execut director. Page retained for y O FUNERAL DII of Health or ii	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DF CEMETERY DR CREMATORY 23d. LDCATION (City, town or county) (State)
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VR ALSME (5)	24. FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE C. C. BARTON. WALKERSYILE MD. DAWAR 28 1967 Charles Judge
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il institution e. COUNTY b. COUNTY Frederick MARYLAND Maryland Frederick b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give neerest town) Rural-Braddock Heights 10 days
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Jefferson within completely filled d. STREET ADDRESS IS RESIDENCE ON A FARM? Vindobona Convalescent Home YES NO K 3. NAME OF Middle Last 4. DATE Month Dey Yeer DECEASED OF (Type or print) Zimmerman Culler DEATH Paul March 1967 6. COLOR OR RACE 7. MARRIED NEVER MARRIED carb nt, w 5. SEX 8. DATE OF BIRTH AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS. test birthdey) Months event, Male White WIDOWED DIVORCED [June 29-1886 physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Employee Farm Implement Co. Frederick Co. Md. U.B.A. please 2. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel M. Culler Emma Zimmerman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) attending physician. 219-03-2963 Mrs. Richard R. Remsburg-Jefferson. Md. 21755 INTERVAL BETWEEN permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) ò ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 7120 IMMEDIATE CAUSE (e) cremation, certificate has been signe ir use as the burial-transit DUE TO Conditions, if eny, which geve rise to immediate couse DUE TO (e), steting the underlying the hospital or cause lest. PART II. OTHER SIGNIFICANT CONDITIONS RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 0 CERTIFICATION PERFORMED? prior NO V detached for 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) After this (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL may be retained b DIRECTOR: Affe 3 should be detact 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (Stete) ŏ fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from 1965. to 3/3.0 , 1967, that (I) (we) last 19..... saw the deceased alive on 22e. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF HOSPITAL FUNERAL page with th DIRECTOR PHYS. M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS filed v NAME (Type) Jefferson, Md. 21755 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) D T T REMOVAL (Specify) Jefferson, Md. 21755 Y REGISTRAR 256. REGISTRAR'S SIGNATURE Lutheran cemetery Burial 25e. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE AFEK VR A15 (4) M.R. Etchison & Son-Frederick. Md. 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH

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OR ATT be ret IIRECT e 3 st ed with	22a. SIGNATURE 22b. DATE SIGNE	
ay ay	22c. PHYSICIAN'S DIRECTOR PHYS. 22d. ADDRESS	
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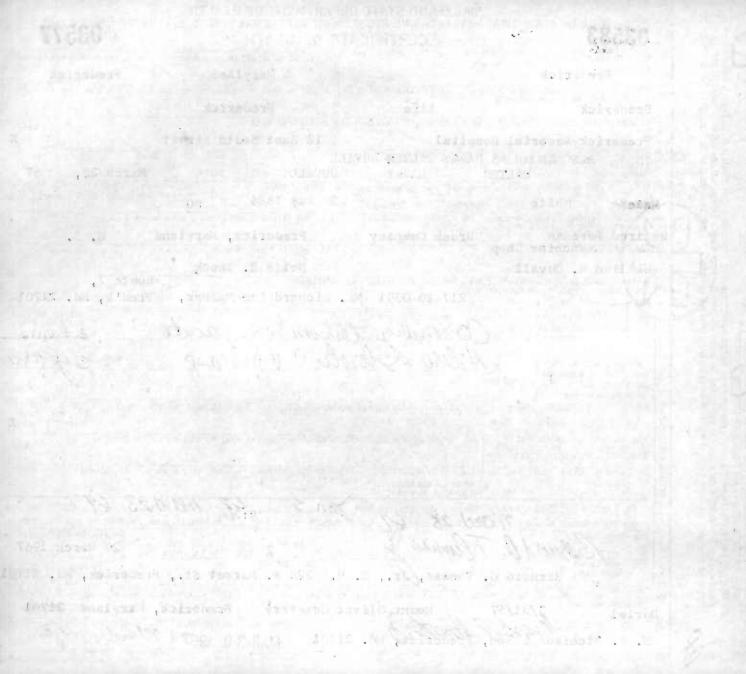
TD FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND,
O3583 CERTIFICATE OF DEATH

OEKIII IOATI	E OI BEATH
1. PLACE OF DEATH a. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Frederick Life	Frederick ///
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE ON A FARM?
Frederick Memorial Hospital	12 East South Street YES NO X
3. NAME DF ALSO KNOWN FAS HARRY WALTER DUVAL (Type or print) WALTER HARRY	DUVALL DEATH March 28, 1967
7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.
Male White WIDOWED DIVORCED	20 May 1000 80 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Foreman 10b. KIND OF BUSINESS OR INDUSTRY Brush Company	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Frederick, Maryland U. S.
13. FATHER'S NAMPLACHINE Shop	14. MOTHER'S MAIDEN NAME
William H. Duvall	Belle E. Shook
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT ARBEITE 7,
(Yes, no, or unkown) (If yes give war or dates of service) 217 10 0391 Mr.	Richard Lee Masser, Fred'k, Md. 21701
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	remoses, acute 2 hours
4201 DUE TO DEATH . To Day	A. N. II A. LONG
Conditions, If any, which (b) Allru & Solver	the C.V. Disease syars.
gave rise to Immediate cause (a), stating the DUE TO	
underlying cause last. (c)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\bar{\lambda} \)
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	t death occurred at M, from the causes and on the date stated above.
saw the deceased alive on 7/ 0/20 19(-//, and that	22b. DATE SIGNED
Someral. / Kunns & M.E.	
22c. PHYSICIAN'S NAME (Type) Bernard O. Thomas, Jr., M. D.	22d. ADDRESS 228 N. Market St., Frederick, Md. 21701
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
Burial 3/31/67 Mount Olivet	
24. FUNERAL DIRECTOR HAMPER STANDARD A SIMPLE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
M. R. Etchison & Son, Frederick, Md. 21	1701 MAR 3 0 1967 Current your

VR AI5 (4) 20M 1/65



1	Division of STATIS	MARYLAND STATE DE STICAL RESEARCH AND RECORDS, 30	PARTMENT OF HEALTH I W. PRESTON STREET, BALI	TIMORE, MARYLAND 2120	1
	03584		OF DEATH	035	
rs after death y the funeral Pages 1 and urs after death	1. PLACE OF DEATH o. COUNTY FREDERICK b. CITY OR TOWN (If outside carporate limity write RURAL and give nearest town) Thurmont.	MARYLAND 1s, c. LENGTH OF STAY IN 16 2 yrs	2. USUAL RESIDENCE (Where dece o. STATE MD c. CITY OR TOWN (If outside corpo Thurmont	b. COUNTY Freder	ick
n 24 hau Illed in b papers.	d. NAME OF HOSPITAL OR INSTITUTION (IF a 412 Sabillasv	not in hospitol, give street oddress) ille Road	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
ed within	3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE		ATON Sr. 4. DATE OF DEAT	March. 5. 1	Doy Year 967 19 YEAR IF UNDER 24 HRS.
and cam remove in any even	Male White 100. USUAL OCCUPATION (Give kind of work done during more of reprincing experiment)	WIDOWED DIVORCED DIVORCED	Meh. 6. 1885	Sost birthdoy) Months of the foreign country) 12. CITIZ	Doys Hours Min.
tificate b hysician n please val, and i	13. FATHER'S NAME	SelfurEmployed	Frederick C 14. MOTHER'S MAIDEN NAME Mary Jane		NTRÝ.S.A.
death cer tending p mit. The	Robert Eaton 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or upknown) (If yes give wor or dotes	? 16. SOCIAL SECURITY NO. 17. I 219-12-1350 I	NFORMANT	English Address hurmont. Md	
Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. af Health prior ta burial, cremation, ar removal, and in any event, within 72 hours after death.	Conditions, if ony, which gove	touse per line for (o), (b), and (c).) E (o) Deart Fai (b) Contact disease E TO (c)	luxe anterios	clerotic	INTERVAL BETWEEN SINSET AND GEATH 2 472
I: The la ar attence te has bouse as calth prior	B.	CONTRIBUTING TO DEATH BUT NOT RELATED TO	re		19. WAS AUTOPSY PERFORMED? YES NO
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JING PL by the l fter this be deta State De	Hour o.m. 19	While Not While foot of work of the deceased from	ory street, office bldg., etc.)	10	thot (I) (we) las
L OR ATTEND y be retained DIRECTOR: A age 3 shauld filed with the 9	saw the deceased alive on	Mary M.	t death accurred of ### D. ATTENDING MED. DIRECTOR 22d ADDRESS Thurmont.	M, from causes ond on the	e date stoted above
HOSPITA ge 4 may UNERAL ectar, pe	NAME (Type) ames 230. BURIAL, CREMATION, 23b. DATE T	10 -	CREMATORY 23d.	LOCATION (City or Town) (County) (State)
OL OL ST.	24 FUNERAL DIRECTOR MONOR Raymond E. Crea	Ebuas Thurmont	250 PEC'D RY PEGIS	mont. Fredk. IRAR 25b. REGISTRAR'S SIG	Col. Md

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12. CITIZEN DF WHAT

U.S.A.

Frederick, Md.

19.

(County)

22b. DATE SIGNED

25a.

Mar. 21-1967

INTERVAL BETWEEN

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIST	FICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
การถูด	CERTIFICATE OF DEATH	02500

00000										134	
PLACE OF DEATH a. COUNTY					2. USUAL RESIDENC	E (Where				ence before	admission)
	Frederic	k	MARY	LAND	a. STATE Mar	ylan	d b.	COUNTY		derick	2
b. CITY OR TOWN ((if outside corporate d give nearest town)	limits,	c. LENGTH OF STAY		c. CITY OR TOWN (If			its, write	RURAL and	give near	est town)
	derick		Lifetime		Fre	deri	ck		11.	,	
	TAL OR INSTITUTION	(if not in he		ddress)	d. STREET ADDRESS	0012	Q41		10	e. IS R	ESIDENCE
	Rockwell 7			701	200	Dani	17 m	- **			FARM?
3. NAME OF	First				209			erra		YES	NO X
DECEASED (Type or print)	I.		Middle Couise C	ardn	er er	4. DA OF DE	-	arch	18		
5. SEX 6.	. COLOR OR RACE 7	. MARRIED	NEVER MARRIE	3 X 0	B. DATE OF BIRTH	-10	9. AGE (In)	years IF	UNDER 1 YI		
Female 1	White	WIDOWED	DIVORCE		Feb. 1- 1908	8	- L	yrs.	onths Day	ys Hour	s Min.
10a. USUAL OCCUPATION during most of working	N (Give kind of work do	ne 10b. K	IND OF BUSINESS OF	?	11. BIRT HPLACE (Co	unty & Si			12. CITIZ	EN OF WH	AT
	iery Shop	Ret			Frederick	Co-	Md.			J.S.A.	
13. FATHER'S NAME	J J	1 0000			14. MOTHER'S MAID					7.0.12.	
Samuel	F. Gardner	r-Sr.			Susan	Fout	t				
15. WAS DECEASED EVE	R IN U.S. ARMED FORCE	CES? 16.	SOCIAL SECURITY NO). 17.	INFORMANT	2000	2	Address	73		37.3
(Yes, no, or unkown) (If	yes give war or dates of se	ervice) 2	14-10-2300	Mi	ss Helen M.	Care	dnon_20	Q Po		rick,	
	ATH [Enter only one of	rause ner l	Ine for (a) (b) and (22 Heren M.	uar (mier_50	2 1100		NTERVAL B	
	H WAS CAUSED BY:	ouse per i			-5					DNSET AND	DEATH
	MMEDIATE CAUSE (a)	OLMON	AILY	EDEMA	•				ECC IN	wact
	DUE TO)					1 100			e 1/20	
Conditions, If any gave rise to Im)	NASARI	1	SECOND	AIR T	10			The	3.
cause (a), stati	DUE TO				10.00	0					
underlying cause I		1	1362615		METASTATIC					6 m	
PART II. OTHER SIGI	NIFICANT CONDITIONS	SCONTRIBL	JTING TO DEATH BUT I	NOT RELA	TED TO THE TERMINAL D	ISEASEC	CONDITIONGIV	EN IN PA	RT 1(a)	19. WAS A	AUTOPSY ORMED?
ICA			-							YES	NO 🔀
PART II. OTHER SIGN 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIF	AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINE	20b. I	DESCRIBE HOW INJU	RY OCCU	RRED. (Enter nature of	injury l	n Part I or Pa	rt II of I	tem 18.)		
	URY Month, Day, Ye		NJURY OCCURRED 1:	20e. PLAC	CE OF INJURY (Home, fa	rm. 20:	f. (City or to	wn)	(County)	(State)
20c. TIME OF INJ Hour a.m. p.m.	,	While	Not While		ry, street, office bldg., et						
	19	at work				20	4 40 4	· 6.	10		
21. I certify t	that (I) (this hospit	all attend	ed the deceased f	rom_1/3	N - (S , 19		tomAR 1		, 1967	that (I)	(we) last
	ased alive on MA	1518	1961,	and that	death occurred at	2:5W	Ofrom the ca		nd on the		ed above.
22a. SIGNATURE	n.		0		ATTENDING	MED.	STAFF				
1001	neares	n		M.D	. PHYS. X	PIRECTO			3-18-	1901	
22c. PHYSICIAN'S NAME (Type		in F.	Meadors		810 Toll F	louse	Ave-	Frede	erick,	Md.	
23a. BURIAL, CREMAT	ION, 23b. DATE TH	EREOF	23c. NAME OF C	EMETERY	OR CREMATORY	23d.	LOCATION (C	ity, tow	n or county) ((State)
REMOVAL (Specif	3-21-19	967	Mt. Oliv	et C	emeterv	Fr	rederic	k. Mo	d. 217	'01	
24. FUNERAL DIRECT	OR -	· Vine	ADDRESS 7	- MA	ulmorto25a. REC	'D BY R	EGISTRAR 25	b. REG	ISTRAR'S S	IGNATURE	
M.R.Etc	chison & Sc	officer	Frederick	, Md	-21701 MAR	22	1967	geli	arles	Juda	2
					IDATE			11-		7 - 13	

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Frederick, Md.21701

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M.R. Etchison &

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	MARYLAND STATE DEPARTMENT OF HEALTH	ND
- = N -:	CERTIFICATE OF DEATH	85
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s aft by th Pages irs af	b. CITY OR TOWN (if outside corporate limits, write RURAL and give vite RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give	nearest town)
in hour	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. 1	15-2 IS RESIDENCE
The Tree	7	ON A FARM?
cely on p	3. NAME OF BECEASED MIDDLE LAST 4. DATE Month Day OF M. OF	Year
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certificate nding physi . Then ple removal, a	James Luse Emma Dryder	
eath certifica attending ph ermit. Then on, or removal	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)	Cu. o
the death n. by the atte insit permit emation, oi	18! CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] () () () () () () () () () (AL BETWEEN
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es that the hysician. Signed by urial-transi urial, crem	170X DUE TO AL 1 0 + 10 0	
requires ding phy been si the buri	Gonditions, if any, which gave rise to immediate (b) Metastalical Curowa & Crebrum	
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ING PHYSICIAN: The law is by the hospital or attenditer this certificate has be detached for use as State Dept. of Health prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
HYSIC e ho his c tach Dept		(State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 work 20d. (City or town) 20d. (County) 20d. (City or town) 20d. (City or to	
50 TO 60	21. I certify that (I) (this hospital) attended the deceased from sept 17, 1965, to the as 4, 1967, that	t (I) (we) last
ATTE Tretai CTOF Sho sho iith t	saw the deceased alive on 1967, and that death occurred at 5 M, from the causes and on the date s	
OR be 3 ge 3 ge 4 weed w	The M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR DIRECTOR DIRECTOR 3-4-	17
ITAL may RAL r, pa	22c. PHYSICIAN'S 22d. ADDRESS	
O HOSPITAL OR ATTENDI Page 4 may be retained O FUNERAL DIRECTOR. A director, page 3 should should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
10 Pa	REMOVAL (Specify) 3/8/67 Managagy Deslivelle	me
R	FUNERAL DIRECTOR DDRESS DDRE	URE
VR A15 (4) 15M 4-64	Constance C. Tillon Darnesville, 1/4 DATE 1001 July	7

CHANGE LAND

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03592 FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission o. COUNTY delay is and 3 to Page Frederick b. COUNTY Maryland Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) XXXX Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM Frederick Memorial Hospital 135 North Market Street in Item 18. Give Pages alang with NAME OF First 4. DATE Month Dov Year LILLIE DECEASED MAE COLLINS HALL OF DEATH March 10. 10 67 (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED White birthdoy) Months Female. February 12,1900 death WIDOWED XX DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Homemaker 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT None 72 haurs after Chester, South Carolina 13. FATHER'S NAME This certificate shauld be executed within 14. MOTHER'S MAIDEN NAME Charles Collins Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Fred. (Yes no, or unknown) (If yes give wor or dotes of service) Mrs. William Irvin 7 East Patrick St. within 18. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c). INTERVAL BETWEEN burial-transit event PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) 4201 DUE TO Conditions, if ony, which gove 9 rise to immediate couse (o). = DUE TO stoting the underlying couse forwarded removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate, NO shauld be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. crematian, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office blda., etc.) Not While FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I taak charge af the remains described above, held an Autapsy Inspection Inquiry and in my apinian Natural causes death resulted fram: Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior DEPUTY MEDICAL EXAMINER 3-11-67 NAME (Type) Address (Street, city, town, or county) 3-15-1967 23d. LOCATION (City or Town) (County) Charlotte, North Carolina ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/67 Robert E. Dallev Frederick. Maryland MAR

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b. CITY OR TOWN (If autside carparate limits, MARYI AND Maryland Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give negrest town)
Frederick Frederick 1 week d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS 241 N. Frederick Memorial Hospital Market St. NO DE 3. NAME OF Middle First 4 DATE Day Year DECEASED Homer James 19 67 Harvey (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE AGE (In years 7. MARRIED TX NEVER MARRIED B. DATE OF BIRTH last birthdoy) Manths Days Haurs white male the attending physician and cosit permit. Then please rema WIDOWED DIVORCED crematian, or removal, and in any 1Db. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind af wark done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Berkley Co., W. Va. company 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna C. Plotner William B. Harvey WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Addresederick. (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Evelyn Harvey, Market 1B. CAUSE OF DEATH (Enter only one cause per time far (a), (b), and (c); INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY -ONSET/ AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained of the certificate has been through a page 3 should be detached far use as the Airortor, page 3 should be detached far use as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. Nat While foctory, street, affice bldg., etc.) While ot work at work 21. I certify that (I) (this hospital) attended the deceased fram. 19 5 5, ta , 19___, that (I) (we) last saw the deceased alive on 3 much 1967, and that death occurred at 3 35M, from couses and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. 28 mar. 1967 DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Charles H Conley Frederick 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) 23a. BURIAL, CREMATION, (State) REMOVAL (Specify) Lutheran Cemetery Middletown, Fred., Md. ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DAMAR Company, Middletown, Md. Gladhill

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03594 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death in by the funeral ers. Pages 1 and PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission o. COUNTY o. STATE b. COUNTY Frederick Frederick the attending physician and campletely filled in by the fur isit permit. Then please remove carban papers. Pages 1 nation, or removal, and in any event, within 12 hours after MARYLAND c. LENGTH DE STAY IN 16 c. CITY DR TDWN (If autside carparate limits, write RURAL and give nearest tawn) 10-1 b. CITY OR TDWN (If outside corporote limits, write RURAL and give pearest tawn) (Lewistown.) Mailing Add. Thurmont e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS Frederick Memorial Hospital YES NO NAME OF Middle 4. DATE Doy Year DECEASED DF HECKERT 3/13/1967 WALTER __ A. 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. CDLDR DR RACE DATE OF BIRTH AGE (In veors 7. MARRIED **NEVER MARRIED** last birthdoy) Months Hours 10/9/1900 White WIDDWED DIVDRCED Male 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DE WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR TOOUNTRY? A during most of working life, even if retired) York. Penna. Employed Electrician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Snyder Heckert Frederick 16. SDCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT R.D. 1. MD Heckert Thurmont Mary E. (Yes no, or unknown) (If yes give wor or dates of service) 220-09-7278 signed by the atter burial-transit permi burial, crematian, o 1B. CAUSE DF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Munch IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a) DUE TD ificate has been s far use as the t f Health priar ta b stating the underlying couse Page 4 may be retained by the haspital or attending last. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ND this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (Stote) 20d. INJURY OCCURRED (City or tawn) (County) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. While of work of work TO FUNERAL DIRECTOR: After , 1967, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased fram 1954, to 3 73 1967, and that death accurred at 4:05 AM, fram causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. ATTENDING directar, page 3 shauld be filed v M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 5mas le (Gounty) dk (Storte) 23b. DATE THEREOF 23c. NAME DE CEMETERY DR CREMATORY ECEMETERY DR CREMATORY Gardens. 123d. LOCATION (City of Town) 23o. BURIAL, CREMATION, Rest Burial /1967 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 avmond

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH ALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY b. COUNTY Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) Rural Frederick 7 vears Rural Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Grove Hill Route # 5 Route # 5 Frove Hill be retained YES NO X First 4. DATE NAME OF Middle Month Dey HOBSON 28. WILLIAM **CLARENCE** March (Type or print) 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 64 birthdey) Months | Days Hours Male White 1902 May 16. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Engineer -U. S. Govt. U.S.A. Maryland None Baltimore. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sara Ensor William Hobson Henry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (Ifyesgivewerordetesofservice) Mrs. Dorothy M. Hobson Rt. # 5 Frederick. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if eny, which (b) gave rise lo immadieta cause DUE TO (a), steting the underlying RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CERTIFICATION PERFORMED? NO X 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED (Enler neture of injury In Pert I or Pert II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stele) fectory, street, office bldg., etc.) Not While While Hour a.m. et work et work DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion Suicide Undetermined manner death resulted from: Natural causes Accident Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER M.D. EXAMINER'S Robert J. Thomas March 28, 1967 NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Baltimore, Maryland Woodlawn Cemeterv Burial 6 ₫40 EUNERALDIRECTO ADDRESS REC'D BY REGISTRAR | 245 REGISTRAR'S SIGNATURE Frederick, Maryland VS. A15ME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** 03596 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence be a. COUNTY rederick o. STATMaryland b. COUNTY Frederick Page MARYLAND . 62 Departmen b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) and P.M.3. write RURAL and give recrest town) Frederick afi d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? haurs Office alang with farm I3 West All Saints Street same NO PA State | in Item 18. Give Pages YES 24 haurs after death. NAME OF First Middle 4. DATE Last Month Day Year within 72 DECEASED OF Holland 67 Marv Margaret 19 Type or print DEATH with IF UNDER 24 HRS IF UNDER 1 YEAR SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED birthday) Manths Davs Haurs 055 TO/21 Negro Female WIDOWED DIVORCED and 2 event 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of working life even if retired) INDUSTRY FOUNTRY A Maryland pages 1 in any (Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME pencil 13 FATHER'S NAME be executed within Ernest R. Holland Elizabeth Swann and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no; or unknown) (If yes give war ar dates of service remayal. Maxine Campbell Brunswick Maryland INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) Morrast burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 0 IMMEDIATE CAUSE (o) certificate should writing the ward cremation, DHE TO 1 source Canditians, if any, which gave rise to immediate couse (o). DUE TO 0 stating the underlying couse forwarded OS burial, nsed 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION This NO X please execute the certificate. 0 pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) its designated agent, priar 3 shauld PRIMARY Or CONTRIBUTING O CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State) Haur o.m. Not While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page at wark at work 2). I certify that I taak charge of the remains described above, held an Autapsy Inspection X Inquiry and in my opinian Natural causes Suicide [death resulted fram: Accident Hamicide Undetermined manner the funeral directar. be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER ar **EXAMINER'S** Robert Thomas, M.D. Health Address (Street, city, tawn, ar caunty) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Town) 23g. BURIAL CREMATION. 23b. DATE THEREOF (County) (State) 0 REMOVAL (Specify) Petersville Maryland St. Marys Cemetery 25b. REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR Brunswick Maryland Ocharles 1967 VR A15ME (5) 6M 1/66

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after funer 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: . COUNTY b. COUNTY the 4 by the and 2 death. Frederick
b. CITY OR TOWN (if outside corporate limits, MARYLAND Marylan d Frederick c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) after 5 Jefferson Years Jefferson Pages within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS hours ON A FARM? Jefferson, Maryland Jefferson. Maryland YES NO TO completely papers. executed NAME OF 4. DATE Middla Month Day Year N DECEASED OF (Type or print) DEATH HOUSE. 19 67 THOMAS NATHAN March 29 SR. raibon withi 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Days Min. Hours event, WIDOWED [DIVORCED Male White certificate V. Sull physician 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Steta, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Burkittsville, Frederick, any Construction Co. Operator S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 2 attending and Bessie Arnold Greenberry House 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT Address (Yes, no, or unkown) | (If yas give war or datas of service) ed by the hospital or attending physician. After this certificate has been signed by the Mrs. Mary House, Jefferson, Maryland permit. 18. CAUSE OF DEATH [Entar only ona cause par lina (gr (a), (b), end (c).] INTERVAL SETWEEN ONSET AND DEATH 6 PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) cremation, the burial-transit 1533 DUE TO Conditions, if any, which gave risa to immediate couse DUE TO (a), stating the undarlying burial, causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION WAS AUTOPSY CERTIFICATION as o PERFORMED? use NO T prior 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) may be retained by the h DIRECTOR: After this co 3 should be detached for OR CONTRIBUTING [] CAUSE OF DEATH of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm. 2Df. (City or town) (County) (State) factory, straat, offica bldg., atc.) Whila Not Whila Hour a.m. at work at work p.m. 19 to.... 192, that (I) (we) last and that death occurred at...M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED STAFF March 29,1967 X TO HOSPITAL death. Page 4 TO FUNERAL PHYS. DIRECTOR PHYS. M.D with th 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) filed v Jefferson, Maryland Brice, M. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF (Stata) REMOVAL (Specify) क्षेत्र व Jefferson, Maryland Burial 254 DEC'DAY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A1S (4) DATE R. Etchison & Son. Frederick Maryland 20M S-63

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03598 certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) filled in by the function papers. Pages 1 and o. COUNTY o. STATE b. COUNTY Maryland MARYLAND Frederick Frederick b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Frederick c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Week Frederick e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Frederick Memorial Hospital 113 East Church Street NO X YES event, within DATE OF DEATH 3 NAME OF Middle please remave carban lost Doy Year campletely DECEASED (Type ar print) 19 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX NEVER MARRIED AGE (In veors 6. COLOR OR RACE 7. MARRIED 69 birthdoy) Months Dovs Hours May 22,1897 WIDOWED X DIVORCED and in any 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Middletown, Maryland
14. MOTHER'S MAIDEN NAME S Companion 13. FATHER'S NAME ar remayal, Edith Long George A. Wise 16. SOCIAL SECURITY NO. 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? requires that the death permit. (Yes, no, or unknown) (If yes give wor or dates of service) 220 30 Mrs. Patricia Smith.Rt. # 3, Frederick.Md. No cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET_AND_DEATH IMMEDIATE CAUSE (o) þ DUE TO signed t Conditions, if ony, which gove rise to immediate couse (a) DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been use as the last. 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO DE ar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) directar, page 3 shauld be detache shauld be filed with the State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work arch/ 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 20 1967, and that death accurred at 840PM, fram causes and an the date stated above saw the deceased alive an March ! 22b. DATE SIGNED 22a, SIGNATURE ATTENDING PHYS. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION, Middletown, Maryland March 4.1967 Reformed Cemetery 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) DATE MAR 20 M 1/66 Maryland M. R. Etchison & Son. Frederick.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03599 CERTIFICATE OF DEATH death. and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Frederick and campletely filled in by the tur papers. Pages 1 hin 72 haurs after MARYLAND Maryland Washington b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft Pleasantville 14 days Frederick e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Frederick Mamorial Hospital RFD#1, Harpers Ferry, W. V NO V Middle 3. NAME OF 4. DATE First and in any event, wit DECEASED GEORGE DEWEY **JENKINS** DEATH March 19 67 (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Hours WIDOWED DIVORCED Oct. 3. 1897 White Male IDb. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) during mast af warking life, even if retired) **INDUSTRY** COUNTRY? Retired Carman Railroad Mt. Zion, Virginia
14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME or remova Elizabeth Sheets William Thomas Jenkins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Mr. Donald Jenkins (Yes, na, ar unknawn) (If yes give war ar dates af service No Brunswick, Maryland None 705-12-5467 crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). signed by the burial-transit ONSET AND, DEATH PART I. DEATH WAS CAUSED BY 1MMEDIATE CAUSE (a) be retained by the haspital or attending physician. DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause as the has been last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 50 (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice bldg., etc.) Nat While at work 21. I certify that (I) (this haspital) attended the deceased fram. saw the defeased alive an 2005 5 19 67 and that death accurred at \$25 pm, from causes and on the date stated above. 22a. SIGNATURE 22b. DATE-SIGNED **ATTENDING** M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S director, pa NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREO! (County) 23a. BURIAL, CREMATION. REMOVAL (Specify) Samples Manor Cemetery Samples Manor, Maryland 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24) FUNEMAL DIRECTOR Harpers Ferry, W. Va. VR A15 (4) Mineley Judge 20 M 1/66

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			BALTIMORE 1, MARYLAND
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7. MARKIED	☐ NEVER MARRIED 💢	B. DATE OF BIRTH 9. AC	March 9 1967 GE (In years IFUNDER 1 YEAR IFUNDER 24 HR st birthday) Months Days Hours Min.
Male Negro WIDOWED	/50/	March 9, 1967	yrs. 3 53
during most of working life, even if retired)	NDUSTRY	11. BIRTHPLACE (County & State, or	foreign country) 12. CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME		Frederick, Md.	U. S. A.
		14. MOTHER'S MAIDEN NAME	
Raymond H enry Jones	SOCIAL SECURITY NO. 1 17	Elsie Mae Tyler	Address
(Yes, no, or unkown) (If yes give war or dates of service)	JOUINE SECONTITUD. 17.	INIDAMANI	Audiess
1 18 CAUSE DE DEATH (Enter only one course nor li	ing for (a) (b) and (a) I		INTERVAL DETAILER
PART I. DEATH WAS CALISED BY			INTERVAL BETWEEN ONSET AND DEATH
1/12.3	maturity - Bir	th Weight 4 lbs. 5	oz.
gave rise to immediate	piratory railu	re	
underlying course lead			
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITI	ION GIVEN IN PART 1(a) 19. WAS AUTOPSY
Electric digite bileterel	rt alub foot	chnormal save	PERFORMED? YES Y ND
20a. ACCIDENT WAS UNDERLYING 1 20b. C	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I	or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. II	factor	CE OF INJURY (Home, farm, 20f. (City	y or town) (County) (State)
While p.m. 19 at work	NOT WHITE	,, ou out, our or programmer, or or or	
	ed the deceased from	3-9 , 1 9 67 , to 3	-9 , 19 67, that (I) (we) las
saw the deceased alive on 3-9	19_67_, and that	death occurred 11:28PM, from	
22a. SIGNATURE		ATTENDING - MFD	STAFF 22b. DATE SIGNED
220 OUVERTANIS	M.D	. PHYS. DIRECTOR	PHYS. 3-9-67
NAME (Type)		220. ADDRESS	
23a BURIAL CREMATION 23h DATE THEREOF	1 23c NAME OF CEMETERY	OR CREMATORY 1 234 LOCAT	TION (City, town or county) (State)
REMOVAL (Specify)			
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRA	AR 25b. REGISTRAR'S SIGNATURE
	/	MAR 1 4 1967	Misules Judge.
7-194648		1 0/112	l'
	1. PLACE DF DEATH a. CDUNTY Frederick b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in h Frederick Memorial Hospi 3. NAME OF DECEASED (Type or print) 5. SEX 6. CDLOR OR RACE 7. MARRIED 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME Raymond Henry Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NO 18. CAUSE DF DEATH [Enter only one cause per limited and part in Death was Caused By:	I. PLACE DF DEATH a. CDUNTY Frederick b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Frederick Memorial Hospital 3. NAME OF First Middle DECEASED (Type or print) 5. SEX Male Negro William Raymond 5. SEX None 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) None 13. FATHER'S NAME Raymond Henry Jones 15. WASDCCEASED EVER IN US-SARMED FORCES? (Yes, no, or unkown) (If yesgivewar or dates of service) No 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA Extra digits bilateral to Contributing to Death Butnot Related Cause (a), stating the DUE TO CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED OR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 3.9 19.67, and that 22a. SIGNATURE 22a. SIGNATURE 22a. SIGNATURE 22a. SIGNATURE 22a. FUNEBAL DIRECTOR REMOVAL (Specify) RELEASE TO HEATTH 24. FUNEBAL DIRECTOR PARTILL, CREMATION, 23b. DATE THEREOF ADDRESS PREVIOUS ACCURRED ADDRESS PREVIOUS ACCURRED ADDRESS ADDRES	1. PLACE OF CRAIH 2. CUTY OR TOWN (If outside corporate limits, with Ruth and give nearest town) Frederick D. CITY OR TOWN (If outside corporate limits, with Ruth and give nearest town) Frederick D. CITY OR TOWN (If outside corporate limits, with Ruth and give nearest town) Frederick D. CITY OR TOWN (If outside corporate limits, with Ruth and give nearest town) Frederick D. CITY OR TOWN (If outside corporate limits, with Ruth and give street address) Frederick D. CITY OR TOWN (If outside corporate limits, with Ruth and give street address) Frederick D. C. LENGTH OF STAY IN 1D D. C. CITY OR TOWN (If outside corporate limits, with Ruth and give street address) D. C. CITY OR TOWN (If outside corporate limits, with Ruth and give street address) D. D

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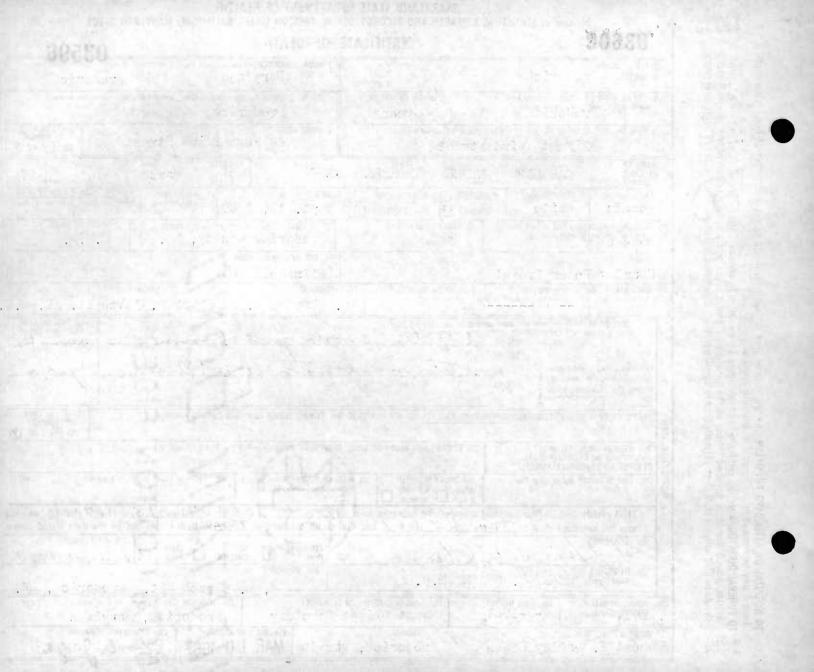
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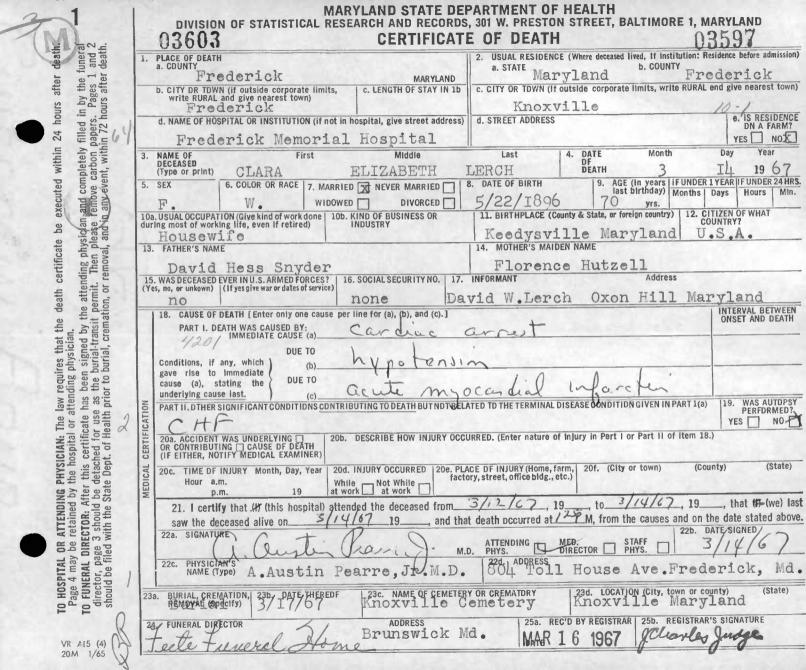
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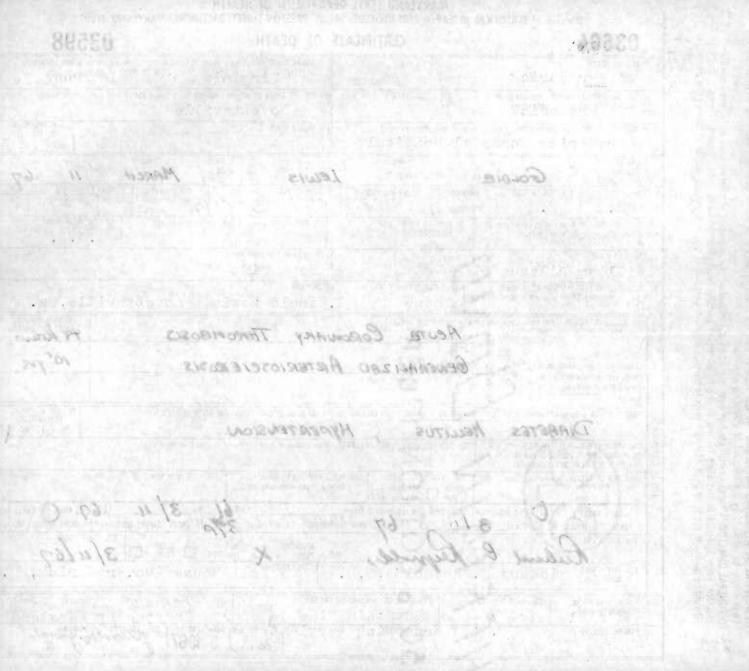
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03602 CERTIFICATE OF DEATH death. within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) attending physician and campletelly filled in by the funeral permit. Then please remove carbon papers. Pages I and an ar remaval, and in any event, within 72 hours after deat 1. PLACE OF DEATH o. STATE Maryland b. COUNTY Frederick a. COUNTY Frederick MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town Frederick years d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 42 East Third Street 42 East Third Street YES NO X 3. NAME OF First TROXELL 4. DATE Manth Year DECEASED CAROLINE ETHEL. March 5. 67 DEATH (Type ar print) requires that the death certificate be executed 9. AGE (In years S SFX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Haurs White Days Female Sept. 13. 1889 WIDOWED XX DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT GUNERY A during most of working life, even if retired) MOHSTRY Frederick County, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles Peter Troxell Elizabeth Lohr 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknawn) (If yes give war or dates af service) 17. INFORMANT 16. SOCIAL SECURITY NO. Mr. Charles E. Kemp 202 W. 107th St. NY. N.Y. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. **0 FUNERAL DIRECTOR:** After this certificate has been signed by DUE TO Canditians, if any, which gave rise to immediate cause (a). DUF TO far use as the t f Health priar ta b stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO YES T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (Caunty) (State) factory, street, affice bldg., etc.) Nat While at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram 1959, to Morch 5, 1967, that (I) (we) last saw the deceased alive an March 5 1967, and that death accurred at 750AM, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S CHASE HENRY V. M.D. NAME (Type) Frederick Church St. 23a. BURIAL, CREMATION, REMOVAL (Specify) BHT 131 23d. LOCATION (City or Town) 23b. DATE THEREOF 4-8-1967 23c. NAME OF CEMETERY OR CREMATORY (State) Mount Olivet Cemetery Frederick. Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR ADDRESS VR A15 (4) Milane Frederick. Maryland MAR E. Dailey & Son Robert 20 M 1/66





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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03604 CERTIFICATE OF DEATH within 24 hours after death death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Frederick Loudoun MARYLAND vithin 72 haurs after filled in by the ru c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Lovettsville d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Frederick Memorial Hospital NO P remave carban NAME OF Middle 4. DATE Month Day Year campletely DECEASED OF Leonora MARCH 19 60 11 Type or print DEATH and in any event, the death certificate be executed IF UNDER 1 YEAR IF LINDER 24 HRS AGE (In years 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Hours 5/5/1905 W. WIDOWED DIVORCED and 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of wark done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, William Wilson Nora Gift 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war or dotes af service permit. Lovettsville. Va. C. Harold Lewis none INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p DASET AND DEATH PART I. DEATH WAS CAUSED BY HEUTE THROMBOSIS requires that IMMEDIATE CAUSE (a) DUE TO GENERALIZED ARTERIOSCIEROSIS Canditions, if any, which gave rise ta immediate cause (a) DUE TO stating the underlying cause has been Page 4 may be retained by the haspital ar attending as the priar ta lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health 1 PERTENSION NO HELLITUS O FUNERAL DIRECTOR: After this certificate Far 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year Hour a.m factory, street, affice blda., etc.) Not While at wark 21. I certify that (1) (this haspital) attended the deceased from 3 should be with the S 1967, and that deoth occurred of 200 M, fram couses and an the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR PHYS. M.D. director, page shauld be filed 22c. PHYSICIAN'S Ave.Frederick.MD. Richard vnolds, M.D Re House NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23b. DATE THEREOF REMOVAL (Specify) Mountain Cemetery View Sharpsburg Maryland 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



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2, and PM3. PM3. Partmer		CITY OR TOWN (If outside of write RURAL and give near the received of the rece	est town)	nospital giv	c. LENGTH OF STAY IN 1b	1	utsfde corparate limits, write l		15-2
form form		Frederick	Mem		11 HOSPITAL				e. IS RESIDENCE ON A FARM? YES NO
ive Pagewith		NAME OF DECEASED Type or print)	AREN		ANITA	LYNN	OF DEATH Man		Doy Year 30 1967
5 0	3. 3	Fenale Negi		MARRIED [8. DATE OF BIRTH Sept 8, 196	9. AGE (In yeors lost birthdoy) yrs.	Months D	YEAR IF UNDER 24 HRS Doys Hours Min.
24 hou in Item r's Offic es I and ofter de	duri	USUAL OCCUPATION (Give kind ng most of working life, even if	of work done retired)		O OF BUSINESS OR USTRY	11. BIRTHPLACE (State	land	12. CITIZ COUN	EN OF WHAT
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ecuted ing" in dicol E ermit. F		was Deceased Ever IN U.S. AR s, no, or unknown) (If yes give			ICIAL SECURITY NO. 17.	INFORMANT	Ad	dress	
d be exected the control of the cont		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	JSED BY: EDIATE CAUSE (0)		o), (b), ond (c).) gestive hear	t failure			INTERVAL BETWEEN ONSET AND DEATH
O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If a necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along—with form 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Del Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death.		Conditions, if ony, which gov rise to immediate couse (o stating the underlying cous last.), (DIE TO	Acu	te viremia,	probable			
is certif te, writi forwor e used moval, g	ATION	PART II. OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES NO
ER: The certifico ould be es. hould b	MEDICAL CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING CAUSE OF DEATH.	0		RIBE HOW INJURY OCCURRED.	200			
XAMIN te the ge 4 sh your fill age 3 s	MEDICA	20c. TIME OF INJURY Month, Hour o.m. p.m.	19	While of work	Not While of work	CE OF INJURY (Home, form fory, street, office bldg., etc.)	(Count	ty) (Stote)
TCAL EXA e execute itor. Poge ed for yo cTOR: Pogo curial, crer		21. I certify that I to death resulted fram:			ins described above, he , Accident, Suic	ide 🔲, Hamicide	, Undetermined	quiry,	and in my apinia
ro DEPUTY MEDICAL EXAMINER: This certificates necessory, please execute the certificate, writh the funeral director. Page 4 should be forwor 5 may be retained for your files. To FUNERAL DIRECTOR: Page 3 should be used Health prior to burial, crematian, or removal,		ACTUAL SIGNATURE EXAMINER'S	19	Tus	use		EXAMINER DICAL EXAMINER DICAL EXAMINER		22. DATE SIGNED
o DEPUTY necessory, the funera 5 may be 5 FUNERA Health pri	230	NAME (Type) KO	23b. DATE THEREOF 4/3/67	2 -	23c. NAME OF CEMETERY OR	CREMATORY	1, city, town, or county) 23d. LOCATION (City or	Town) (Co	ounty) (Stote)
2	24	FUNERAL DIRECTOR	4/3/67		Bush Par	2So. REC		REGISTRAR'S SIGN	
VR A15ME (5)		Krheitt	Sum	of For	Rockville,	Md. APR		Charles	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03606 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY delay is and 3 ta Maryland Frederick Frederick death. MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carporate limits. c LENGTH OF STAY IN 16 write RURAL and give neorest tawn)
Rural- Frederick 72 haurs after Lifetime Rural- Frederick d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office alang with form Route 7 Route 7 YES NO X in Item 18. Give Pages 24 haurs after death. NAME OF Middle First Last 4 DATE Doy Month DECEASED John Main 67 David March with the (Type or print) DEATH S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) Hours Male White WIDOWED Nov. 7-1900 DIVORCED evel 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life, even if retired)
Farming **INDUSTRY** COUNTRY? Maryland S. A. dny pencil 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within Nettie L. Jones William Franklin Main and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates of service) or remaval, 219-12-1521 Mrs. Blanche Lortz-Route 7- Frederick-Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH ASPHYXIATION **Smoke IMMEDIATE CAUSE (o). This certificate shauld writing the ward cremation, DUE TO Second & Third Degree Burns Conditions, if any, which gave rise to immediate cause (a). DUF TO 0 stating the underlying cause g burial, 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) please execute the certificate. NO X agent, priar ta 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) Can of kerosene exploded while lighting fire CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) Home factory, street, affice bldg., etc.) Nat While at wark may be retained far yaur FUNERAL DIRECTOR: Page Frederick Co. Maryland 19 67 at wark L 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 📉 Inquiry [ond in my opinion Accident X, Suicide \ death resulted from: Natural causes Undetermined monner Homicide CHIEF MEDICAL EXAMINER 5 may be reta TO FUNERAL DII Health ar its d ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER March 2-1967 **EXAMINER'S** Clifford B. Lull-Jr. Address (Street, city, tawn, or county) Frederick. Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) W. of Frederick, Md. 21701 March 5-1967 Rocky Springs Cemetery Frederick, Md.21701 REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15ME (5) Melisales 6M 1/66

A4050

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY b. COUNTY the day Frederick MARYLAND Maryland Frederick by th b. CITY OR TOWN (if oulside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) = Frederick Weeks Frederick executed within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE hours ON A FARM? Frederick Memorial Hospital completely 638 Wilson Place YES NO X papers. 3. NAME OF 72 4. DATE Year Middle Month DECEASED OF 0 DEATH March (Type or print) ROY EYLER 67 MILLER. SR. 12 19 WITH carbon 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS and last birthday) Months Male White WIDOWED DIVORCED [July 20, 1897 physician remove 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Retired King Floor Service Inc. Woodsbore. Maryland S. please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending John W. Miller Amanda Evler oval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) Mrs. Goldie Miller (Same as item #2) 10 1774 physician. þ 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 2 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed Lince have Rt. lung 300,5 IMMEDIATE CAUSE (a) cremation. burial-transit DUE TO attending peen Conditions, if eny, which geve rise to immediate cause the bur burial has DUE TO (a), steting the underlying the hospital or PHYSICIAN: ceuse lest. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS as 0 CERTIFICATION PERFORMED? use prior YES X NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18.) After this of Health detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by ATTENDING (State) 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | factory, street, office bldg., etc.) may be rem.
DIRECTOR: While Not While Hour a.m. Dept. et work et work p.m 12 , 1967, that (1) (45) last State 19.6.7, and that death occurred at 210 M, from the causes and on the date stated above saw the deceased alive on......25 22a. SIGNATURE SIGNED ATTENDING HOSPITAL FUNERAL × page DIRECTOR PHYS. March 13, 1967 PHYS. MD Page 22d. ADDRESS 22c. PHYSICIAN'S filed \ NAME (Type) Gilcin F. Meadors , M. D. 810 Tell House Avenue, Frederick, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 5 g REMOVAL (Specify) Frederick, Maryland Mount Olivet Cemetery 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE W ADDRESS Takeley 24 FUNERAL DIRECTOR'S SIGNATURE OSCALL Marles 1967 5 VR A1S (4) M. R. Etchison & Son. Frederick, Maryland 20M S-63

STATE DEPARTMENT OF HEALTH

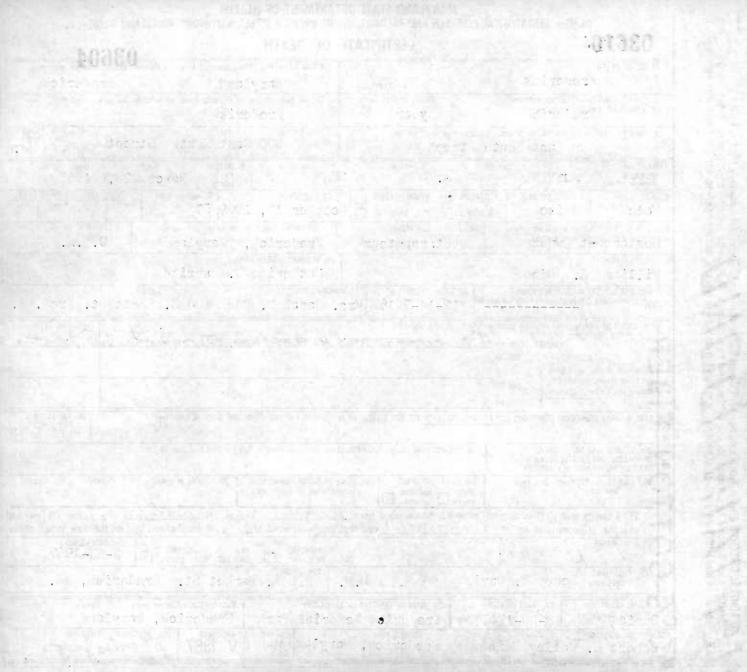
Facultonia Latendaria de Latina mitted that the state of ton tenter to care its more The Comment Mayor . Back Application the state of the s Engrand the same and processed in the same than the same Street Ten Control of the Street The state of the s the state of the s . He freditten is son, Production and Stock all

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03608 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Frederick b. COUNTY Maryland Frederick MARYLAND rransit permit. Then please remove carban papers. Pages l crematian, or remaval, and in any event, within 72 hours afte c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits. write RURAL and give nearest town)
Frederick days Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 919 Shawnee Drive Frederick Memorial Hospital YES NO X 3. NAME OF Middle First Lost 4. DATE DECEASED MORGANTHALL CLEVELAND PAUL March 67 (Type or print) DEATH 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 7. MARRIED R DATE OF BIRTH 9. AGE (In years NEVER MARRIED birthdoy) 731 Hours 21,1893 Male White June WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life even if retired)
Ret. Civil Engineer Civil Engineer Wavnesboro. Pennsylvania 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Martha L. Boggs Alexander Dallas Morganthall Frederick. Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes po, or unknown) (If yes give wor or dotes of service) 215-09-8757 Mrs. Elsie L. Morganthall 919 Shawnee Drive 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse this certificate has been far use as the 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While 19 O FUNERAL DIRECTOR: After nt work 21. I certify that (I) (this haspital) attended the deceased fram_ _, 19 6 7, that (I) (we) last 1939 19 6 7, and that death occurred at 1/45M, from couses and an the date stated above. saw the deceosed alive on_ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR 3-4-1967 K M.D. ^{22d}220 North Market Street, Frederick, Md Rex R. Martin Dr. M.D. NAME (Type) 23o. BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Sto Waynesboro, Pennsylvania 23b. DATE THEREOF (Stote) Green Hill Cemetery 3-7-1967 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 MAR Frederick. Maryland Robert E. Dailey & Son

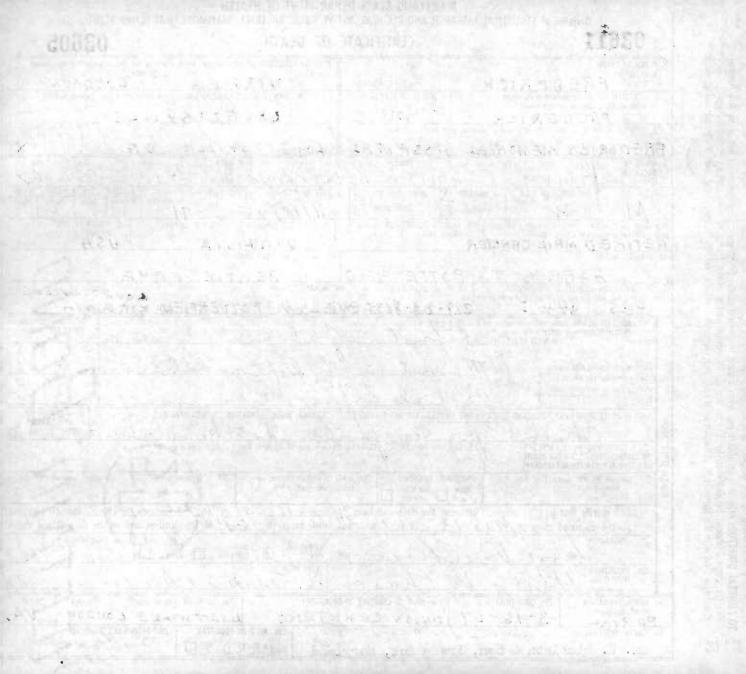
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03609 CERTIFICATE OF DEATH deoth. requires that the death certificate be executed within 24 hours after death by the funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY EDERICK papers. Pages 1 MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BERTYTOWN d. STREET ADDRESS IS RESIDENCE ON A FARM? ond completely filled in OR INSTITUTION (If not in hospital, give street oddress) NO pleose remove corbon NAME OF First Middle DATE Year OF DEATH DECEASED ond in ony event, (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years S. SEX 6. COLOR OR RACE lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? physicion ENTIV 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal the attending phy WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO signed t Conditions, if ony, which gove rise to immediate couse (a) DUE TO use os the lath prior to k stoting the underlying couse hos been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES N NO this certificate Tor 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year Hour o.m foctory, street, office bldg., etc.) Not While ot work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from. should and that death occurred at 101457M, from couses and on the date stated above. sow the deceased olive on 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** M.D. DIRECTOR PHYS ADDRESS 22d. 22c. PHYSICIAN'S 800 NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOI (County) (Stote) REMOVAL (Specify) UNIONVILLE 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03610 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral remove £arban popers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: o. COUNTY Frederick o. STATE b. COUNTY Frederick Maryland burial, cremation, or removol, and in any events within 72 hours after MARYLAND b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give regrest town Frederick vears e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS 800 East South Street 800 East South Street YES NO X 3. NAME OF First Middle 4. DATE Month DECEASED AUSTIN ODEN 1967 10 March 28, (Type or print) DEATH 7. MARRIED X IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years **NEVER MARRIED** 57ast birthdoy) Hours October 13, 1909 White Male WIDOWED 1Da. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT physicion c Restaruanteur COUNTRY? A. during most of working life, even if retired) Frederick. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine R. Harrison William E. Oden 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes na, ar unknawn) (If yes give war ar dates af service) 212-14-7919 Mrs. Sarah V. Oden 800 E. South St. Fred. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) signed by the burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which gave (b) rise to immediate couse (o), DUF TO stoting the underlying couse 4 moy be retained by the hospital or attending director, page 3 shauld be detoched for use as the should be filed with the State Dept. of Health prior to hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 2Df. (City or tawn) (County) (Stote) Haur a.m. Nat While factory, street, office bldg., etc.) at wark at wark , 19 66, to Mark 28 196/, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from June saw the deceased glive an march 28.19 (2), and that death accurred at M, fram causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** STAFF PHYS. 3-28-1967 M.D. DIRECTOR PHYS. 22d ADDRESS 228 N. Market St. Frederick, Md. 22c. PHYSICIAN'S LeRdy T. Davis M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) Frederick Memorial Park Frederick, Maryland REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Frederick, Maryland MAR havien Dailev & Son



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03611 CERTIFICATE OF DEATH deoth 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE a. COUNTY b. COUNTY REDERICK MARYLAND LOUDOUN within 72 hours after : The law requires that the death certificate be executed within 24 hours after the attending physician ond completely filled in by the fisit permit. Then please remove corbon papers. Pages b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) LOVETTSVILLE FREDERICK d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOW FREDERICK MEMORIAL HASPI LOVE TTSVILLE 3. NAME OF Middle DATE First Lost Day Year DECEASED OF DEATH -196 (Type or print) IF UNDER 1 YEAR S. SEX AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthdoy) Months Doys Haurs WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most af working life, even if retired) COUNTRY? INDUSTRY RETIRED MAIL CARRIER VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremotion, or removal BERTIE 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? LOUFTTSVILLE (Yes, no, or unknown) ((If yes give wor or dates of service POTTERFIELD CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH signed by the IMMEDIATE CAUSE Poge 4 moy be retained by the hospital or attending physician. DUE TO Canditions, if ony, which gave rise to immediate couse (a) DUF TO stoting the underlying couse this certificate has been detached for use os the te Dept. of Health prior to last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache shauld be filed with the Stote Dept. 20e. PLACE OF INJURY (Home, form, 20f. (City ar tawn) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (Caunty) Hour o.m. Nat While factory, street, office bldg., etc.) 19 ot work ot work 'O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram 1966 ta saw the deceased alive an 19 6 Z, and that death accurred at \cancel{b} \cancel{P} M, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION DATE THEREOF 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) LOUDOUN UNION CEMETER LOVETTSVILL BURIAL 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 M. R. Etchison & Son, Frederick, Maryland



death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician. death.

> VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07619

CEPTIFICATE OF DEATH

00016	CERTIFICA	IL OI DEAT		20360
1. PLACE OF DEATH a. COUNTY			CE (Where deceased lived, If I	
Frederick	MARYLAND	a. STATE Maryl	and b. coun	Frederick
b. CITY OR TOWN (if outside corporeta limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16			RURAL and give neerest town)
Frederick	Weeks	Frede	rick	10-1
d. NAME OF HOSPITAL OR INSTITUTION (if not	in hospitel, give street address)	d. STREET ADDRESS		. IS RESIDENCE
Frederick Memorial Hespi	tal	207 M	Ionroe Ave.	ON A FARM?
3. NAME OF First	Middle	Last	4. DATE Month	Day Year
(Type or print) Dora	L. Pi	rice	of DEATH March	1 9- 19 67
		. DATE OF BIRTH	9. AGE (In yeers	
Female White wi		larch 26,1900	last birthdey) 66 yrs.	Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count		12. CITIZEN OF WHAT COUNTRY?
Housewife		Nr. Urbana,	Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
George W. Horman	The second second second	Mary E.	Zimmerman	The Samuel Co.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give werendetes of service)		INFORMANT	Address	HOUSE OF THE PARTY OF THE
No		non T. Price	(Same as ite	m # 2)
1B. CAUSE OF DEATH [Enter only one cous				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	winner			6.641/20
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Conditions, if any, which (b)	(hisome bill)	milliniti		Collaro
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(e), steting the underlying DUE TO	11			
(0)	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	JAI DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY
o Farming of the State of the S	or incommon to destinate the	THE TERMIN	THE DIDENCE CONDITION OF	PERFORMED?
5				YES NO X
PART II. OTHER SIGNIFICANT CONDITION OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter neture of injury in	Pert I or Pert II of item 18.)	
2Dc. TIME OF INJURY Month, Day, Yeer Hour a.m.		CE OF INJURY (Home, ferm		(County) (State)
Hour a.m.	While No! While tact	lory, streat, offica bldg., atc.	1	
		marchi	1065 - MOAN	9 1627 1 10 (1)
21. I certify that (I) (this hospital) saw the deceased alive on.			M, from the causes a	and on the date stated above.
220. SIGNATURE		1		/ 22b. DATE
Servera V.	amus & M	.D. PHYS.	AED STAFF	March 10, 1867
22c. PHYSICIAN'S NAME (Type) Bernard O.	Thomas, Jr. M. D	22d. ADDRESS 228 N. Mar	rket Street,Fr	ederick Md.
23e. BURIAL, CREMATION, 23b. DATE THEREOF			23d. LOCATION (City, tov	
REMOVAL (Specify)				
	1967 Mount Olivet		Frederick,	
24 FUNERAL DIRECTOR'S SIGNATURE Sour		//	WILL	SISTRAR'S SIGNATURE
M. R. Etchison & Son.	Fredrick, Maryla	no OMER	1 5 1967	0

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03613 CERTIFICATE OF DEATH and completely filled in by the funeral remove carbon popers. Pages 1 and 2 requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY b. CITY OR TOWN (If autside corporate limits, Maryland Frederic
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick MARYLAND c. LENGTH OF STAY IN 16 write RURAL and give negrest town) 1 day Rural (Doubs Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TY Frederick Memorial Hospital Doubs Md 3. NAME OF 4. DATE Doy Year DECEASED 19 67 (Type or print) Harriet Ann Offord Proctor DEATH IF UNDER 1 YEAR March IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years lost birthdoy) 7. MARRIED **NEVER MARRIED** Months Doys Hours DIVORCED -30-1891 Female Negro

10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT andin during most of working life, even if retired) COUNTRY? INDUSTRY ottending physicion permit. Then please Canning Factory
13. FATHER'S NAME Frederick Md
14. MOTHER'S MAIDEN NAME II.S ******** or removol. Richard Offord Unknown WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dates of service) 219-07-1876 Goldie Wilson Doubs Md No cremotion, ***** INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-tronsit p ONSET AND DEATH WALLA CAUSIEL IMMEDIATE CAUSE (a) TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospitol or ottending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by DUE TO burial Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse as the prior to t last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION detached for use te Dept. of Heolth p NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Stote Dept. 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram 1966 ta 3/27, 1967, that (1) (we) last 3/27 1965, and that death occurred at 1128 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR X M.D. PHYS director, poge should be filed 22d. ADDRESS /22c. PHYSICIAN'S Proffessional Bldg Frederick. Md NAME (Type) James B. Thomas 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23a. BURIAL, CREMATION, Buria 1 Point of Rocks Fred.Md 3-30-67 Point Of Rocks 25b REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 C.E. Hicks, 111 Frederick, Md

MARYLAND STATE DEPARTMENT OF HEALTH

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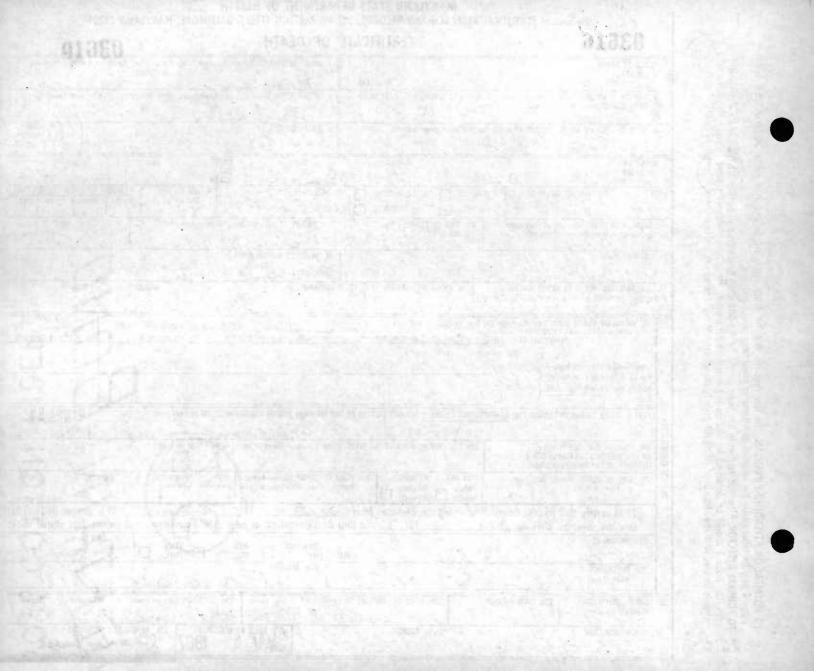
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03614 03608 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE! PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE Maryland b. COUNTY Frederick Frederick MARYLAND deloy b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) and Braddock Heights Braddock Heights Years d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS e certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form ON A FARM? Jefferson Blvd. Jefferson Blvd. NO X YES This certificate should be executed within 24 hours ofter death. NAME OF First Middle Last 4 DATE Day Year DECEASED March 23, 67 REMSBERG, JR. CARLTON GEORGE DEATH IF UNDER 1 YEAR AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Dec. 14,1917 72 hours ofter death. White Male WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or fareign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) Public Frederick Co. Md. Schools School Teacher 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daisy Hopwood George C. Remsberg Address Braddock Hts. 17 INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknawn) (If yes give war ar dates of service) 219-36-4091 Mrs. Doris D. Remsberg, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). ARREST ONSET AND DEATH PART I. DEATH WAS CAUSED BY 'ARDIAC ony event IMMEDIATE CAUSE (a) DUE TO OCCLUSION Conditions, if any, which gave rise to immediate cause (o), = DUE TO stating the underlying cause HYDERTENSIUE ARTERIOSCLEROTIC HEART 3 should be used WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) cremation, or removal, execute the certificate, NO X 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge at wark 21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection X. and in my apinian Inquiry , Natural causes . Accident . death resulted fram: Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER Heolth prior to 22. DATE SIGNED **EXAMINER'S** Thomas M. D. Frederikadress (Street, city, town, or county) Robert 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, (County) 0 Reformed Cemetery, Middletown, Fred.Co.Md. 3/26/67 24. FUNERAL DIRECTOR VR A15ME (5) Company, Middletown, Maryland

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• 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	03613 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03600
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Frederick Maryland Frederick
funeral may be interent death	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural - New Market c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural - New Market
o the S	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
ay 3 to 3 t	YES NO X
PM3 PM3 PM3	3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE Month Day Year OF DEATH March 23-19 67
	5. SEX 6. COLOR OR RACE 7. MARRIED
Give g w g w	10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY Maryland 11. BIRTHPLACE (State or foreign country) U.S.A.
ours aft n 18. G s along pages in any	13. FATHER'S NAME
4 hours ltem 18 Office al File pag and in	David Mack Robertson Bessie Virginia Henley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
within 2 ⁴ pencil in miner's 0 permit. F	(Yes, no, or unkown) (If yes give war or dates of service) 577-09-7511; Mrs. Bertha S. Robertson- New Market, Md.
ted win per sxamin sit per or rem	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ONSET AND DEATH
executed ding" in ical Exa	9325 DUE TO G . 10 Grand
d be execu "pending" I Medical E burial-trans	conditions, if any, which geve rise to immediate cause (a), stating the DUE TO
shoul Vord Chief as a ial, C	underlying cause last. (c)
ficate sho the wor the Chi used as to burial	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
KAMINER. This certificate should be executed within 24 hou certificate, writing the word "pending" in pencil in Item wild be forwarded to the Chief Medical Examiner's Office is. Page 3 should be used as a burial-transit permit. File pignated agent, prior to burial, cremation, or removal, and in	20a. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING D CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) PRIMARY BY OF CAUSE OF DEATH.
icate, wri icate, wri e forward e 3 should	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. Cyan, 19 67 at work Store At work Store County Authority Authority Authority County Coun
AMIN Sertif Sertif Sertif Page nated	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
sho sho file file file file file file file file	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
ED. urte you your its	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
th daf ex	EXAMINER'S Robert J. Thomas Address (Street, city, town, or county) Address (Street, city, town, or county)
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5 25 5 0	24. FUNERAL DIRECTOR CO. ADDRESS MALTINOS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AISME (5)	M.R. Etchison & Son Frederick, Md. MAR 27 1967 Acharles Jusque

03615 APPROXIMATION - DAVID The state of the s . . . Coloral Library Plans Expression from the second control of the se And the transfer of the second and vice 1 6 shedos 15-574 covern program Toviers es British to the constitution of A CONTROL OF THE PARTY OF THE P

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03616 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY __ o. STATE b. COUNTY apers. Pages 1 n 72 hours after MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN Alf outside carporate limits, write RURAL and give nearest tawn b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Carroll NO L YES and in any event, within 3. NAME OF Middle 4. DATE Day Year First Lost the attending physician and completely sit permit. Then please remove cathor DECEASED ELLEN 5 ola 19 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR . BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) **INDUSTRY** 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAM crematian, or remaval, 16. SOCIAL SECURITY NO. INFORMANT IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor or dotes of service) INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO far use as the b f Health priar ta b stoting the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) with the State Dept. af Health NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (County) Hour o.m. Not While foctory, street, office bldg., etc.) of work at work 21. I certify that (1) (this hospital) attended the deceased fram Sect 17, 1954, to Man 5, 1967, that (1) (we) last 1967, and that death accurred at 1834 M, from causes and on the dote stoted obove. sow the deceased alive on Man 5 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M.D. PHYS DIRECTOR PHYS. directar, page 3 shauld be filed v 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION. REMOVAL (Specify) e Cemetery REC'D BY REGISTRAR 24. FUNERAL DIRECTOR alkers ville 20 M 1/66



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03612 CERTIFICATE OF DEATH 03618 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY Frederick b. COUNTY Frederick Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Frederick Yrs. Frederick IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Frederick Memorial Hospital 247 Dill Avenue YES NO X Middle 4 DATE Lost Year 3. NAME OF First DECEASED (Type or print) 1967 March 11. MAY STALEY DEATH MOLLIE IF UNDER 1 YEAR 1 IF UNDER 24 HRS. 9. AGE (In years DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours 4 April 1878 White Female WIDOWED TY DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? Own Home Maryland House-work 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Laura Toms George Shafer 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Lemuel D. Shafer, RD#3, Frederick, Md. 21701 214 48 4110 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per Jine for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. Not While at wark attended the deceased fram 12/19, 1962, ta 3(11, 1962, that (1) (we) last 3(11, 1962, and that death accurred at 3:20AM, fram causes and an the date stated abave. 21. I certify that (I) (this haspital) attended the deceased fram_ saw the deceased alive an____ 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. 13 March 1967 M.D. DIRECTOR 22d. ADDRESS PHYSICIAN'S 228 N. Market St., Frederick, Md. 21701 NAME (Type) James B. Thomas, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)

Mount Qlivet Cemetery

Frederick, Md.

(County)

2Sb. REGISTRAR'S SIGNATURE

Frederick, Maryland

(Stote)

23b. DATE THEREOF

3/14/67

M. R. Etchison & Son.

23o. BURIAL, CREMATION, Bu PEMOVAL (Specify)

24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03620 be executed within 24 haurs after death. the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY ederic remave carbán papers. Pages 1 n any event, within 72 haurs after MARYLAND C. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside carparote limits, write RURAL and give negrest town) write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO V RITBMS NAME OF DATE Month Doy Year DECEASED HARCH SWANN 19 (07) (Type or print) DLIVE DEATH S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthday) Months Hours Negro and in any DIVORCED WIDOWED USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? requires that the death certificate Domestic George Co-m INCC FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no. or unknown) ((If yes give wor or dotes of service WALKETSVILLE cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: DISET AND DEATH SySTEMIE ERYTHEMU TOSUS IMMEDIATE CAUSE (o) signed by DUE TO burial, Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending this certificate has been the last. OS 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO Id 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Yeor Hour o.m. Not While foctory, street, office bldg., etc.) O FUNERAL DIRECTOR: After ot work 21. I certify that (1) (this haspital), attended the deceased fram and that death accurred at 9 7 M, fram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE. 22b. DATE SIGNED ATTENDING director, page 3 shauld be filed v M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Richard C. Reynolds Toll House Ave Frederick . Md 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) Frederick St. Johns Catholic 3-7-1967 1967 Sb. REGISTRAP'S SICHATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Frederick. Md .E. Hicks, 111

VR A15 (4) 20 M 1/66

director, shauld

23o. BURIAL, CREMATION,

BIREMOVAL (Specify)

24. FUNERAL DIRECTOR

Robert E. Dailey & Son

NAME (Type) Dr. Robert S. Hughes

23b. DATE THEREOF

3-9-1967

250, REC'D BY REGISTRAR Frederick. Maryland

M.D.

St. Joseph's Cemetery

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

23d. LOCATION (City or Town) (County) Hackensack. New Jersey

(County)

03615

Frederick

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12. CITIZEN OF WHAT

BUNSRY A

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IF LINDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

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(Stote)

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1 1	tem 18 film 387 4-13-67 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FORSTATE	03622 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	G
HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY Frederick Maryland 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before o. STATE Maryland b. COUNTY Frederi	admission)
f arty delay is 1, 2, and 3 to m PM3. Page	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest write RURAL and give nearest town) C. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest rown) Frederick C. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest rown) Frederick	town)
If arm arm		IS RESIDENCE ON A FARM? (ES NO X
ve Pages y with far	3. NAME OF DECEASED (Type or print) 3. NAME OF DECEASED (Type or print) 4. DATE Manth OF OF March 14,	17
MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If a blease execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm etained far your files. DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Deleto burial, crematian, or removal, and in any event within 72 hours after death.	lest highlight Months Days	Hours Min.
24 hau in Item r's Offic ss land	100. USUAL OCCUPATION (Give kind of work done deploy most of working the even if rested) None 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF Frederick, Maryland U.S.A.	WHAT
within pencil camine ile page hours a	13. FATHER'S NAME Lewis Daniel Tomlin 14. MOTHER'S MAIDEN NAME Phoebe M. Ervebenrock	
cuted in ng" in dical Extraordical Extraordi	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 216-22-9262 Mrs. Lewis D. Tomlin 303 Catoctin Ave	Fred. Md.
be exe "pendi nief Me ansit pe	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute congestive heart failure ONS	RVAL BETWEEN ET AND DEATH
shauld tward the Ch urial-tra any ev	Conditions, if ony, which gove (b) Probable synergism between alcohol	
ficate sing the rded ta as a b and in	stoting the underlying couse DUE TO and sedatives (c)	
is certific, writh farwal e used moval,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YE.	WAS AUTOPSY PERFORMED? S NO
ertificatula be	YE 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Yeor Hour a.m. 20d. INJURY OCCURRED While Not While factory, street, office bldg., etc.) (County)	
(AMIN) The the can the caur file age 3 significant file	20c. TIME OF INJURY Month, Doy, Yeor Hour a.m. 20d. INJURY OCCURRED While of work of work of work 20d. INJURY OCCURRED factory, street, office bldg., etc.)	(State)
cal Exa execute ar. Page d far yau crok: Page urial, crem	21. I certify that I taak charge af the remains described above, held an Autapsy, Inspection, Inquiry, and death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner	in my apin i o
please I director retained DIREC	ACTUAL SIGNATURE OF CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER (1) 25	2. DATE SIGNED
necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. The funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office of 5 may be retained far your files. For EuneRAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 w Health prior to burial, crematian, or removal, and in any event within 72 hours after death.	EXAMINER'S NAME (Type) ROBERT 5. THOMAS, M.O. Address (Street, city, town, or county)	-14-67
To I		
VR A15ME (5)	24 TIDIERAL DISECTOR ADDRESS ADDRESS 250 RECD BY REGISTRAR 250 BHCKSTRARS AIGNAIDE THE PROPERTY OF THE PROPERT	edge

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MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH 0

	MARIE DEI ARTIGERT OF HEALTH	
DIVISION OF S	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, B	SALTIMORE 1. MARYLAND
3024	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, E CERTIFICATE OF DEATH	03618

1. PLACE OF BEATH a. CDUNTY Freder	ick	MARYLAN	a. STATE Mar	CE (Where deceased lived, If institution b. COUNTY	ion: Residence before admission) Frederick
b. CITY DR TDWN (if ou write RURAL and giv	tside corporate limits,	c. LENGTH DF STAY IN		outside corporate limits, write R	URAL and give nearest town)
Freder	e nearest town)			Airy	11-1
		n hospital, give street addre			e. IS RESIDENCE
Freder	ick Mem. Hos			Prospect Rd.	DN A FARM? YES NO NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	Carole		field	DEATH March	6 1967
5. SEX 6. COL	OR OR RACE 7. MARRI	ED X NEVER MARRIED		9. AGE (In years IF UI	NDER 1 YEAR IF UNDER 24 HRS. ths Days Hours Min.
	ite WIDOW		April 13, 1	.930 AGE (In years lift) Mon 36 yrs.	tils Days Hours Min.
10a. USUAL OCCUPATION (GIV during most of working life,	e kind of work done 10b	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign country)	2. CITIZEN DF WHAT COUNTRY?
Assembler		Electronics	Burket	tsville, Md.	USA
13. FATHER'S NAME			14. MOTHER'S MAIL		
Robert	Olden		Eileen	Travis	
15. WAS DECEASED EVER IN		16. SOCIAL SECURITY NO. :	17. INFORMANT	Address	
(Yes, no, or unkown) (If yes g	2:	13-24-8661		Warfield, It	em 2
		er line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WA	DIATE CAUSE (a)	Hypotensia			
5811	DUE TO	11 1. 6			
Conditions, If any, wh		Iteralic (ema	Same November	
gave rise to Immedi cause (a), stating		, ,	0'1,		
underlying cause last.	(c)	Laenne's	Cherry		
PART II. DTHER SIGNIFIC	ANTCONDITIONSCONTR	IBUTING TO DEATH BUT NOT F	ELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
& aremia	hypoprol	Mambin h	xpohalema		YES NO
PART II. DTHER SIGNIFIC 20a. ACCIDENT WAS UN DR CONTRIBUTING C (IF EITHER, NOTIFY ME	AUSE OF DEATH	DESCRIBE HOW INJURY O	CCURRED. (Enter nature of	f injury in Part I or Part II of iter	m 18.)
NOT TIME OF INJURY	Month, Day, Year 20d	I. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, fa	arm, 20f. (City or town)	(County) (State)
Hour a.m.	Whi	Ile - Not While -	actory, street, office bldg., e		(44)
	19 at w		alcha	3/1/2	
	115	nded the deceased from.	3/6/6/,1		19, that (I) (we) last
saw the deceased	alive on	67 19 , and	that death occurred at.	M, from the causes and	on the date stated above.
U.a	uslin Ja	ane.	M.D. PHYS.	MED. DIRECTOR PHYS.	3/6/67
22c. PHYSICIAN'S NAME (Type)	A. Austin Po	earre, Jr. M.	D. 804 Tol	1 House Ave. Fr	ederick, Md.
23a. BURIAL, CREMATION, REMDVAL (Specify)	23b. DATE THEREDF	23c. NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION (City, town of	or county) (State)
Burial	3/9/67	Jennings		Florence,	Md.
24. FUNERAL DIRECTOR		ADDRESS	25a. RE	C'D BY REGISTRAR 255 REGIST	RAR'S SIGNATURE
Olin L. I	Molesworth,	Damascus, Mo	MAR	9 1961 Juan	and the same

eredoriam spen, Monratini 121 Prompent No. Parelle Unite to the control of the last of the last of ADD Service DRI. a. CIT vert Service Drive Drive Service Drive Drive Service Drive Drive Service Drive D atvers need to remain A. Angela Panera, Gr. N.D. Cow Lot L Bottes Aye. Incherial, Mc. Pursal 2/9/52 Jacoblers Dagel . Il dronce, Ma.

Olin L. Folemorth, Danaseus, 16. - Mit 9 1967 Theret, Mark

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) a. COUNTY b. COUNTY Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town) Frederick Frederick vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 318 South Jefferson Street 318 South Jefferson Street State YES NO X 3. NAME OF DECEASED MARY FRANCES WILES 12. March 19 67 (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | 8. DATE OF BIRTH IF UNDER 24 HRS. lest birthday) Months Days and Female White WIDOWED Pages 1, 2, a M3. Page 5 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (Slete or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Homemaker Frederick County, Maryland None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lester H. Rippeon Annie Mary Crum 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (Ifyes give were rdetes of service) Mr. Harlan A. Wiles 318 S. Jefferson St. Fred. Md. 1B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause Cendio vascular Miscuse **DUE TO** (a), stating the underlying ion, PART II. OTHER SIGNIFICANT CONDITIONS NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? cremat NO K pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion DIRECT death resulted from: Natural causes Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for March 12. 1967 r. Robert J. Thomas M.D. Frederick. Maryland NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22d. LOCATION (City, town, or country) (Stete) BUTTAT (Specify) 3-15-1967 Mount Olivet Cemetery Frederick, Maryland 0 24O ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23_PUNERAL DIRECTOR VS. A15ME Frederick, Maryland MAK 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03626 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Frederick L'COUNTY Frederick Maryland MARYLAND ompletely filled in by the fur ve corbon papers. Pages 1 event, within 72 haurs after b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Years Rural-New Windsor Rural-New Windsor d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R. D. 2 R. D. YES NO NAME OF Middle remove corbon 4. DATE Year Last Doy completely DECEASED DAVID WRIGHT 1967 C. March DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last_birthday) Manths Davs Hours White Male dny Nov. WIDOWED DIVORCED ond 100! USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT and in COUNTRY? attending physicion operation of the please INDUSTRY Frederick Co., Carpenter 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, crematian, or removol, John D. Wright Joanna E. Bidinger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, na, or unknown) ((If yes give war ar dates af service) None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p arteriorelection ONSET AND DEATH IMMEDIATE CAUSE (o). Page 4 moy be retained by the hospital or ottending physician. DUE TO Canditions, if any, which gove rise to immediate couse (o), DUE TO stating the underlying cause director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to **DIRECTOR:** After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES -NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Hame, farm, (City or town) (Stote) 20c. TIME OF INJURY Manth, Dov. Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) Nat While at wark at work 21. I certify that (I) (this haspital) attended the deceased fram_ 3/22/47.19 _, 1962, that (1) (we) tast 3/27 1967, and that death accurred at 6 P.M. fram causes and an the date stated above saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) New Windsor, Md 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Prospect Cemetery Frederick Co 0 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Michaelen 1967 Sykesville, Md. Waltz Box 241

